

Proposal Prepared For
**The Virginia Department of Behavioral
Health & Developmental Services**



Unsolicited Proposal Submitted under the Public- Private
Education Facilities and Infrastructure Act of 2002, as Amended
Commonwealth of Virginia Guidelines and Procedures

GEO Care Part 1, Conceptual Stage Submission

Submission Date: February 4, 2011





TABLE OF CONTENTS

VOLUME I

A. TRANSMITTAL LETTERTAB A

B. EXECUTIVE SUMMARY.....TAB B

1. QUALIFICATIONS AND EXPERIENCE.....SECTION 1

ATTACHMENTS	TAB
GEO	
DGS FORM 30-168	1
SURETY & INSURANCE	2
ARTICLES OF AMENDMENT	3
HISTORY & EXPERIENCE	4
CERTIFICATION REGARDING DEBARMENT	5
DESIGN & DEVELOPMENT EXPERIENCE (CONFIDENTIAL)	6
ORGANIZATIONAL CHART (CONFIDENTIAL)	7
RESUMES (CONFIDENTIAL).....	8
OPERATION SHEETS (CONFIDENTIAL).....	9
SELECTED FACILITY BIOGRAPHIES (CONFIDENTIAL).....	10
PAST & CURRENT CONTRACTS (CONFIDENTIAL).....	11
PERFORMANCE REPORTS (CONFIDENTIAL).....	12
FORM 10-K.....	13
HENSEL PHELPS (CONTRACTOR)	
DGS FORM 30-168	14
STATE LICENSE	15
CORPORATE OFFICERS	16
SURETY & INSURANCE	17
CERTIFICATION REGARDING DEBARMENT	18
EXPERIENCE.....	19
PAST & CURRENT PROJECTS	20
RESUMES.....	21
MOSELEY ARCHITECTS	
DGS FORM 30-004	22
STATE LICENSE	23
CERTIFICATION REGARDING DEBARMENT	24
EXPERIENCE.....	25
PAST & CURRENT PROJECTS	26
RESUMES.....	27



2. PROJECT CHARACTERISTICSSECTION 2
(SECTIONS MARKED CONFIDENTIAL WITHIN THIS SECTION)

ATTACHMENTS	TAB
FLOOR PLANS (CONFIDENTIAL).....	28
CONSTRUCTION/PROJECT SCHEDULE (CONFIDENTIAL).....	29

3. PROJECT FINANCING.....SECTION 3
(PROVIDED IN VOLUME II - CONFIDENTIAL)

4. PROJECT BENEFITS & COMPATIBILITY.....SECTION 4
(SECTIONS MARKED CONFIDENTIAL WITHIN THIS SECTION)

VOLUME II
(CONFIDENTIAL)

(UNDER SEPARATE COVER – VOLUME II)

3. PROJECT FINANCING (CONFIDENTIAL).....SECTION 3

ATTACHMENTS	TAB
PPEA UNSOLICITED PROPOSAL FEE	1
STAFFING PLAN (CONFIDENTIAL)	2

GEO respectfully requests that information identified in our Table of Contents and contained within sections of our proposal marked “PROPRIETARY” and/or “CONFIDENTIAL” be exempt from the Commonwealth’s Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest and bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.



February 3, 2011

Mr. Jim Stewart
Commissioner, Virginia Department of Behavioral Health and
Developmental Services
1220 Bank Street
Richmond, Virginia 23219

Corporate Headquarters

One Park Place, Suite 700
621 Northwest 53rd Street
Boca Raton, Florida 33487

TEL: 561 999 7554

800 275 8370

FAX: 561 999 7731

www.geogroup.com

Re: Part 1, Conceptual Stage Submission Public-Private Education Facilities and
Infrastructure Act of 2002 ("PPEA"), as Amended.

Dear Commissioner Stewart:

GEO Care, Inc. and its parent company The GEO Group, Inc., collectively GEO, are pleased to submit Part 1, Conceptual Stage Submission, in accordance with the Public-Private Education Facilities and Infrastructure Act of 2002 (PPEA), as Amended for the operation of the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville, Virginia and adding capacity to the VCBR campus in order to address the increasing civilly committed sexually violent predator (SVP) population. GEO recognizes that the Commonwealth of Virginia's SVP program is a unique operation and understands the need to provide effective sex offender treatment while maintaining a secure environment for facility residents, staff and the community.

GEO proposes to operate VCBR and double its capacity from 300 to 600 beds whereby the annual cost per bed, including renovation and construction, is significantly less than what the Commonwealth is spending per bed to operate VCBR today. This solution requires no capital dollars, provides additional capacity before VCBR reaches maximum capacity and based on the program's current growth rate¹, provides enough beds to meet the Commonwealth's capacity needs until October 2015. The proposal also includes achieving Commission on Accreditation of Rehabilitation Facilities ("CARF") accreditation at VCBR within 18 months of assuming operations and offering a treatment program that has been successfully defended in U. S. District Court as meeting constitutional standards.

GEO Care is a wholly owned subsidiary of The GEO Group, Inc. which is publicly traded on the New York Stock Exchange and has its corporate headquarters in Boca Raton, Florida and eastern regional office in Charlotte, North Carolina. GEO has over 17,000 employees worldwide and achieved over \$1 billion in revenues in 2010, all of which is derived from government contracts.

GEO is a national leader in the provision of residential mental health services to government agencies with a particular specialization in sex offender populations. We are the only private organization with experience in operating and managing every facet of a sex offender facility. Our commitment to an integrated seamless delivery of treatment services is also unique. Additionally, over the past 17 years, GEO and its in-house design and development team have been the developer of over 70 facility construction and renovation projects valued in excess of \$2 billion and we currently have over \$400 million in active projects. Our goal is to finance, design, build, and operate state-of-the-art facilities that maximize treatment, security and efficiency. We have accomplished this in more than 15 states across the country.

¹ Source: Department of Behavioral Health and Developmental Services presentation to the House Appropriations Committee, January, 14, 2011.



GEO's sex offender and mental health treatment experience combined with its experience operating secure facilities cannot be matched by any other company. This experience includes the current operation of the Florida Civil Commitment Center, which is the second largest and only fully privatized sexually violent predator civil commitment program in the nation. As part of this contract, GEO financed, designed and constructed a 720 bed state-of-the-art replacement facility that opened in April 2009. GEO is the only private company that has experience in all facets of the finance, design, construction and operation of a sexually violent predator civil commitment facility. GEO also financed, designed, constructed, and operates the Central Arizona Correctional Facility which is a 1,000 bed sex offender prison dedicated exclusively to inmates that have been identified as sexual offenders and classified as medium custody. Within 10 months of the contract notice to proceed, GEO completed construction of the facility and began to receive inmates and provide treatment. To the best of our knowledge, this facility is the largest and one of the only sex offender prisons in the nation.

At over 15 facilities, GEO has delivered sex offender treatment that is consistent with the Practice Standards and Guidelines for the Treatment of Adult Male Sexual Abusers of the Association for the Treatment of Sexual Abusers (ATSA). Furthermore, at over 30 separate facilities, GEO has provided sex offender treatment and/or other programming services to a population of over 4,000 offenders/facility residents, identified as sex offenders or having committed a sex related offense. The offenders, as part of the general residential population, were eligible for and offered comprehensive programs such as academic education, vocational training, life skills, substance abuse education, religious/spiritual programs, and comprehensive health and mental health care.

Under separate cover is one copy of Section 3 – Project Financing, which is deemed to be confidential, and hence not subject to the Virginia Freedom of Information Act.

As required under the PPEA, enclosed under separate cover in Section 3 – Project Financing is a certified check for \$5,000 for the minimum proposal review fee. We understand that additional funds may be required if our Part 1 submission is accepted and we move to the Part 2 submission under the PPEA.

Additionally, following this letter is a request for communication from affected local jurisdictions.

Please feel free to contact Dale W. Frick, Divisional Vice President, Residential Treatment, or me at 1-800-275-8370. We look forward to discussing our proposal with you and members of the Department of Behavioral Health and Developmental Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Jorge A. Dominidis", written over a horizontal line.

Jorge A. Dominidis
President, GEO Care, Inc.
Senior Vice President, GEO's Residential Treatment Facilities &
Correctional Health Services Division
jdominicis@geocareinc.com

Public-Private Education Facilities and Infrastructure Act of 2002 as Amended

Commonwealth of Virginia Procedures

B. Affected Local Jurisdictions

Va. Code § 56-575.6 requires that any private entity requesting approval from or submitting a proposal to the Commonwealth must provide each affected unit of local government a copy of the private entity's request or proposal. The private entity is responsible for documenting delivery of the request or proposal. **Affected local jurisdictions must have 60 days from the receipt of the request or proposal to submit written comments to the responsible Agency, and to indicate whether the proposed qualifying project is compatible with the (i) local comprehensive plan, (ii) local infrastructure development plans, or (iii) capital improvements budget or other government spending plan.** Comments received by the affected Agency within the 60-day period shall be considered in evaluating the request or proposal; however, no negative inference shall be drawn from the absence of comment by a local jurisdiction. In providing the request or proposal to the affected local jurisdiction, the private entity may withhold information that the Agency has deemed to be confidential and not subject to release under the Freedom of Information Act, in accordance with Section II. D of these Guidelines.

We respectfully request that a copy of communication to the Department of Behavioral Health and Developmental Services also be sent to GEO Care, Inc.

Comments:

Mr. Jim Stewart
Commissioner, Department of Behavioral
Health and Developmental Services
Commonwealth of Virginia
1220 Bank Street
Richmond, Virginia 23219

Telephone: 804-786-3921
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Copy To:

Dale W. Frick
Divisional VP, Residential Treatment

GEO Care, Inc.
One Park Place, Suite 700
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EXECUTIVE SUMMARY

INTRODUCTION

GEO Care, Inc. is a wholly owned subsidiary of The GEO Group, Inc. which is publicly traded on the New York Stock Exchange and has its corporate headquarters in Boca Raton, Florida and eastern regional office in Charlotte, North Carolina. GEO has over 17,000 employees worldwide and achieved over \$1 billion in revenues in 2010, all of which is derived from government contracts.

GEO is a national leader in the operation of secure facilities and the provision of residential mental health services to government agencies with a particular specialization in sex offender populations. We are the only private organization with experience in operating and managing every facet of a sexually violent predator facility. Our commitment to an integrated seamless delivery of treatment services is also unique. Additionally, over the past 17 years, GEO and its in-house design and development team have been the developer of over 70 facility construction and renovation projects valued in excess of \$2 billion and we currently have over \$400 million in active projects. Our goal is to finance, design, build, and operate state-of-the-art facilities that maximize treatment, security and efficiency. We have accomplished this in more than 15 states across the country.

GEO has built a reputation for providing its clients with intelligent, cost effective solutions to difficult situations. One key to our success is the innovation incorporated into each venture we undertake. Our innovative approach begins with a due diligence assessment of your project to ensure that our proposal not only addresses the immediate needs of the Commonwealth of Virginia, but seeks to also incorporate solutions to other challenges faced by the Virginia Department of Behavioral Health and Developmental Services ("DBHDS" or "Department") while keeping in mind the Commonwealth's long term needs.

GEO recognizes the need to effectively and efficiently operate the Commonwealth of Virginia's sexually violent predator (SVP) program and address the increasing population that by some projections may fill the current capacity of the Virginia Center for Behavioral Rehabilitation (VCBR) facility by the end of 2011. Therefore, GEO proposes to operate VCBR and double its capacity from 300 to 600 beds whereby the annual cost per bed, including renovation and construction, is significantly less than what the Commonwealth is spending per bed to operate VCBR today. This solution requires no capital dollars, provides additional capacity before VCBR reaches maximum capacity in the latter part of 2011, and based on the program's current growth rate¹, provides enough beds to meet the Commonwealth's capacity needs until October 2015. The proposal also includes achieving Commission on Accreditation of Rehabilitation Facilities ("CARF") accreditation at VCBR within 18 months of assuming operations and offers a treatment program that has been successfully defended in U. S. District Court as meeting constitutional standards.

¹Source: Page 17, Biennial Budget Office of Health and Human Resources, Commonwealth of Virginia Part B: Executive Budget 2010-2012 Biennium, Executive Amendments to the 2010 – 2012: "...facility is growing at a rate of five to seven per month."

Shown below is a comparison of the current DBHDS SVP operation and plans for capacity expansion compared to what is included in GEO's proposal:

VCBR – Current Operation/Expansion Plan

Adding Beds

- Temporarily renovate/re-open 48 beds at former VCBR in Petersburg
- Build/renovate additional 300 beds - estimated time from funding to occupancy: 24-36 months*

Budget – Operating and Capital Costs

- Current operating cost/bed: \$97K* (VCBR Burkeville)
- Capital cost for 300 bed expansion: \$45-\$71M*

- Not accredited

- 2008 OIG report suggests residents should be provided with more active treatment and organized activities

VCBR – GEO Proposal

Adding Beds

- Add 300 beds through facility modification and construction at VCBR Burkeville – All beds ready for occupancy in 12 months and beds immediately available to meet additional capacity needs at the end of 2011

Budget – Operating and Capital Costs

- Operating cost per bed, including facility modifications and new construction (300 bed expansion), significantly less than VCBR's current operating cost of \$97K/bed* – Involves no capital dollars

- CARF accredited

- Treatment based on ATSA guidelines and standards
- GEO's SVP program in Florida is one of the only states to successfully defend the constitutionality of its program

*Source: DBHDS presentation to the House Appropriations Committee, January, 14, 2011.

In order to provide the Department with the greatest flexibility, we have included floor plans, staffing plans, and pricing for a staff efficient, CARF accredited treatment facility. Based on the Departments' projected capacity needs and budgetary constraints, GEO has developed a solution that will allow it to accomplish its short and long-term goals. In fact, the proposal allows DBHDS to receive additional beds that will address its projected need for increased capacity for the growing civilly committed SVP population; maintain or improve the quality of care provided; achieve significant savings and GEO will effect a smooth management transition.

In the "Qualifications and Experience" section of this proposal, you will see that GEO has extensive experience in successfully providing timely and cost effective services in the areas of finance, design, construction, and operation of sex offender, residential treatment, mental health, detention, and correctional facilities for male and female, adult and juvenile, minimum, medium, and maximum security residents across the United States. This experience, and our approach to serving the individual needs of each of our clients, uniquely qualifies us to cost-effectively operate VCBR and double its capacity from 300 to 600 beds.

GEO's sex offender and mental health treatment experience combined with its experience operating secure facilities cannot be matched by any other company. This experience includes the current operation of the Florida Civil Commitment Center, which is the second largest and only fully privatized sexually violent predator civil



commitment program in the nation. As part of this contract, GEO financed, designed and constructed a 720 bed state-of-the-art replacement facility that opened in April 2009. GEO is the only private company that has experience in all facets of the finance, design, construction and operation of a sexually violent predator civil commitment facility. GEO also financed, designed, constructed, and operates the Central Arizona Correctional Facility which is a 1,000 bed sex offender prison dedicated exclusively to inmates that have been identified as sexual offenders and classified as medium custody. Within 10 months of the contract notice to proceed, GEO completed construction of the facility and began to receive inmates and provide treatment. To the best of our knowledge, this facility is the largest and one of the only sex offender prisons in the nation.

At over 15 facilities, GEO has delivered sex offender treatment that is consistent with the Practice Standards and Guidelines for the Treatment of Adult Male Sexual Abusers of the Association for the Treatment of Sexual Abusers (ATSA). Furthermore, at over 30 separate facilities, GEO has provided sex offender treatment and/or other programming services to a population of over 4,000 offenders/facility residents, identified as sex offenders or having committed a sex related offense. The offenders, as part of the general residential population, were eligible for and offered comprehensive programs such as academic education, vocational training, life skills, substance abuse education, religious/spiritual programs, and comprehensive health and mental health care.

PROPOSAL BENEFITS

Through execution of our proposed plan, GEO will provide:

- DOUBLE the CAPACITY at VCBR from 300-600 beds while the reducing the annual operating cost per resident, including the cost for facility expansion;
- Within 18 months of assuming operations, a Commission on Accreditation of Rehabilitation Facilities (CARF) Accredited, SECURE TREATMENT FACILITY, capable of providing the services required by the Commonwealth of Virginia and the Virginia Department of Behavioral Health and Developmental Services;
- An EFFICIENT, WELL MANAGED FACILITY fully integrated into the Commonwealth of Virginia and the Department of Behavioral Health and Developmental Services' system;
- POSITIVE ECONOMIC IMPACT to the Burkeville community, Nottoway County, surrounding communities, the Virginia Department of Behavioral Health and Developmental Services and the Commonwealth of Virginia;
- An INNOVATIVE PUBLIC/PRIVATE SOLUTION TO ENSURE OPTIMUM VALUE from a secure treatment facility at the least possible cost to the Commonwealth of Virginia. This project will be enhanced by working closely in a partnership with on-site Department staff, off-site Department staff, Burkeville, Nottoway County, and contiguous local communities, as well as all other stakeholders appropriate to the partnering relationship;
- GEO will also consider it a priority to seek out college and UNIVERSITY AFFILIATIONS to promote training and education. These affiliations will encourage and support a learning environment and bring to the facility teachers, scholars, researchers, future employees and advocates, and create a recognized, positive public image;



- A COMPLETE ORGANIZATIONAL AND FINANCIAL COMMITMENT by GEO to the development and operation of the facility;
- APPROPRIATE STAFFING LEVELS AND OPERATING PROCEDURES to provide a safe, secure, environment, appropriate programming and optimum standards in accordance with applicable Department policies and procedures, CARF standards, and the terms of a resulting Services Contract;
- FLEXIBILITY IN FACILITY HOUSING OPTIONS to adjust to the changing facility population and needs;
- A HIGHLY COMPETITIVE PRICING STRUCTURE that achieves significant cost savings for Virginia with respect to the development and operation of the facility;
- CERTAINTY AND DELIVERABILITY to meet the needs of Virginia and the Department of Behavioral Health and Developmental Services;
- GEO EXPERTISE with SEVERELY AND PERSISTENTLY MENTALLY ILL patients - Experience includes a 60 bed dedicated mental health unit for sexually violent predators at the Florida Civil Commitment Center and over 800 beds in four dedicated GEO operated state psychiatric facilities.

The following sections provide a descriptive overview of the comprehensive yet cost effective services we provide.

Section 1 - Qualifications and Experience

Section 2 - Project Characteristics

Section 3 - Project Financing

Section 4 - Project Benefit and Compatibility

We are confident that you will be impressed by the scope of services offered by GEO and the depth of the talent and experience of our team. We believe that **our** solution is **your** solution. We look forward to the opportunity of working with the Commonwealth of Virginia and with the Virginia Department of Behavioral Health and Developmental Services in a mutually beneficial relationship.

OVERVIEW OF PROPOSED SERVICES

• DESIGN AND CONSTRUCTION ON A FAST TRACK BASIS

GEO's philosophy concerning design and construction on a fast track basis evolved over the last 25 years through our experiences on past projects. Long before ground is broken, even before the proposal process, GEO seeks architectural and construction partners who are established and recognized to complement the GEO in-house architectural and development staff. GEO takes pride in its ability to attract the best architects, engineers, and construction firms to work with us in a true partnership to design and build facilities.

In Virginia, we are fortunate to have engaged Project Team Members Mosley Architects and Hensel Phelps Construction -- Virginia-based firms or with offices in Virginia. Our partners bring with them expert knowledge of local building codes and regulations, weather conditions, building materials, talented subcontractors, and other site-unique requirements – and the financing of similar projects in the Commonwealth. In the “Qualifications and Experience” section of this proposal, you will discover just how impressive our Virginia affiliates truly are.

The GEO in-house team of design experts, along with our Virginia partners working closely with the Department, will coordinate all aspects of the proposed facility to include:

- Verify with local authorities all code, building, environmental and regulation requirements during the design development phase for construction documents.
- Coordinate the site work and structural drawings.
- While local authorities are reviewing and approving the design documents for site and structure, the specifications and construction drawings are completed in partial documents. As these documents are being completed, the comments from the review by the local authorities are incorporated into the construction documents.
- Ensure that once the structural documents are approved by the local authorities, above ground work begins.
- While structural work is on-going, specifications and drawings for the balance of the work are completed for review and approval.

As we have documented in our qualifications herein, we can and have accomplished projects of similar scope, size, and complexity and have the expertise to be successful in Virginia.

• **IMPLEMENTATION OF START-UP/OPERATIONS PROCESS**

The start-up team that will be assembled by GEO includes specialists in contracting, finance, project management, security services, programs, human resources and facility support. This group, headed by our Divisional Vice President, Residential Treatment, has the knowledge and experience needed to recruit, select, train and deploy staff. This task force approach creates the synergy needed to coordinate the activation of the facility on time and within budget.

• **PERSONNEL ADMINISTRATION**

Commitment to quality service and professionalism is the corner-stone of GEO's business philosophy. As part of our commitment to excellence, we are dedicated to attracting, developing and motivating a professional work force, relying upon only the highest standards in recruitment, selection and training of personnel. GEO recognizes that the contributions and actions of every employee are required in order to fully realize our organizational capabilities and goals.

- **STAFF TRAINING AND DEVELOPMENT PROGRAM**

GEO's premier status as a leading provider of sex offender, residential treatment services, correctional, and detention public/private partnerships has been established by our conviction that a highly trained quality work force is the key element to the operation of a successful, safe and efficient facility. Central to the question of personnel quality is the training plan the facility utilizes to develop staff. The GEO staff training plan will be structured to ensure that all personnel successfully complete training requirements that meet or exceed the requirements of CARF and the Commonwealth of Virginia.

- **EVALUATION, MONITORING & REPORTING**

GEO is committed to the goal of being the best managed full service operator of secure treatment facilities. For this reason GEO will devote considerable resources to assuring that there is total compliance with contractual requirements and that integrity, professionalism and quality are maintained. Quality assurance is accomplished by a system of formal reporting, corporate oversight, site reviews, and explicit expectations of on-site administrators. GEO's system for information feedback to the facility decision makers, contracting agency and corporate level is designed to encourage both GEO employees and community support groups, such as AA, clergy, social workers, local law enforcement personnel, volunteers, visitors and other interested groups and stakeholders to give input for improvement and/or change.

- **TREATMENT PHILOSOPHY AND OBJECTIVES**

GEO anticipates a productive and effective partnership with the Virginia Department of Mental Health and Developmental Services to create a civil commitment program that will serve as a state-of-the-art model. GEO's team members have demonstrated capacity to deliver the objectives as described in our proposal:

- A. Provide active psycho-educational sex offender services and integrated activities that focus on the goals of treatment relevant to the offender's eventual return to the community.
- B. Provide quality sex offender treatment, risk assessment, symptom management and discharge planning.
- C. Provide for the safe and secure operation of the facility.
- D. Establish and maintain professional and organizational responsibility and accountability.
- E. Comply with constitutional standards, as well as federal, state, local laws and regulations, and facility operating procedures.

Our operational philosophy and treatment program creates an environment for intensive, multifaceted, yet integrated intervention to assist sex offenders to develop the stability, confidence, knowledge, skills and supports needed to successfully perform day-to-day activities associated with proper community behavior. Within 2 months after GEO assumed operations at the Florida Civil Commitment Center (FCCC), GEO implemented sex offender treatment to 150 of the 300 previously non-participating residents, as well as continued and enhanced the treatment of the remaining 360 residents.



GEO is committed to delivering each of the following program elements in accordance with the values and guiding principles for secure sex offender facilities:

1. Provision of a safe and secure, but non-punitive treatment environment;
2. Provision of bona fide sex offender treatment as a primary service to those residents who consent to treatment;
3. Provision of services to encourage non-participating residents to consent to treatment;
4. Provision of both group and individual services, based on treatment need and classification, i.e. conventional, corrective thinking or special need treatment tracks;
5. Provision of sex offender services which engender trust of the staff by the residents;
6. Provision of services which develop resident commitment to eliminate sexually violent behaviors;
7. Provision of services designed to develop the resident's knowledge, behavior, and skills to set goals and make choices which avoid further injury to the community;
8. Provision of sex offender services to assess and develop skills and behaviors needed to function in specific community environments; and
9. Provision of linkages to aftercare treatment resources.

GEO and its project team exercise great care in developing an evidence-based program design. We would welcome the unique opportunity to provide sex offender services and the challenge of developing a state-of-the-art program for the Commonwealth of Virginia. We will work in close partnership with the Department to achieve all objectives.

We would like to highlight certain dimensions of our program design that we believe will uniquely add value to the ultimate achievement of the project goals envisioned for the Department and Commonwealth of Virginia:

- A. This project will be built on the foundation of one of the leading civil commitment sexual offender treatment programs in the world.
- B. The GEO program curriculum will be standardized in order to maintain replicability and validate research outcomes for sexually violent predators.
- C. The program will use proven cognitive behavioral interventions that have been demonstrated to be effective with sexually violent predators.

Each program component will be tailored as appropriate so that it specifically intertwines and complements the overall program focus on controlling sexually deviant behavior and replacing it with pro-social activities acceptable in the larger community.

The facility development, staffing, programming services, and specialized services have all been planned and developed so as to provide for maximum benefits to persons served, as well as to provide for a seamless integration of service delivery with the community.

The facilities and grounds will provide for an environment which is most conducive to therapeutic intervention. The programs will provide best practice treatment to maximize the opportunity for discharge readiness and post discharge coordination of services.



SECURITY

The facility will be operated for the safety and security of residents, staff and visitors. It will ensure the safety of the general public; provide safe working conditions for employees and volunteers, and offer humane, safe, secure living conditions for the resident population. GEO will have control measures in place to prevent unauthorized egress and ingress and will provide 24 hour, 7 days per week security coverage of designated security posts. Staff will be responsible for direct and indirect supervision of the residents in their daily activities. Continuous staff and resident interaction will facilitate a good relationship for a safe and orderly environment.

ACCREDITATION

GEO has extensive experience with facility accreditation including its Commission on the Accreditation of Rehabilitation Facilities (CARF) accredited Florida Civil Commitment Center (FCCC) for sexually violent predators and 3 Joint Commission accredited state psychiatric facilities. Within 18 months of assuming operations, GEO will achieve CARF accreditation at the VCBR. Prior to assuming operational responsibilities at VCBR, GEO will actively begin preparation for obtaining accreditation from CARF through a smooth and orderly management transition. Our corporate policy is to acquire and maintain accreditation at all of our facilities.

SUMMARY

GEO offers the Commonwealth of Virginia a comprehensive package of skills and services that will meet or exceed your every requirement. We and our team members are prepared to partner with the Commonwealth and the Department of Behavioral Health and Developmental Services. This partnership will reduce the operating costs at VCBR while expanding the bed capacity. The final result is a 600 bed, cost effective, efficient, secure, accredited sexually violent predator civil commitment treatment facility that provides a solution to the current challenges faced by the Commonwealth.



1. Qualifications and Experience

a. Legal Structure and Organization

Identify the legal structure of the firm or consortium of firms making the proposal. Identify the organizational structure for the project, the management approach and how each partner and major subcontractor (\$1 million or more) in the structure fits into the overall team. All members of the offeror's team, including major subcontractors known to the proposer must be identified at the time a proposal is submitted for the Conceptual Stage. Include the status of the Virginia license of each partner, proposer, contractor, and major subcontractor. Identified team members, including major subcontractors (over \$5 million), may not be substituted or replaced once a project is approved and comprehensive agreement executed without the written approval of the responsible Agency.

GEO Care, Inc., a wholly owned subsidiary of The GEO Group, Inc., is the premier provider of sex offender, mental health, and other special needs health care services to state and local government agencies through public/private partnerships. Our parent company, The GEO Group, Inc. is a publicly traded Corporation listed on the New York Stock Exchange (NYSE). The GEO Group, Inc. is a world leader in the delivery of correctional and detention management, health and mental health, and other diversified services to federal, state, and local government agencies around the globe. GEO has assembled a team of highly skilled, industry professionals with a demonstrated ability to work in the private and public sectors, including a world-class design/build project team to successfully respond to the needs of the Commonwealth of Virginia. GEO has an unparalleled combination of experience in the areas of sex offender housing and treatment, security, mental health, special needs services, substance abuse treatment, academic and vocational training, and health care involving large scale government residential facilities.

The Project Team members have been selected and organized specifically for the most effective and efficient operation of the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville, Virginia and adding capacity to the VCBR campus in order to address the increasing civilly committed sexually violent predator (SVP) population.



Each team member is well-qualified in his/her field of specialty and contributes significantly to the comprehensive services we are proposing in this Part 1, Conceptual Phase Submission, in accordance with the Public-Private Education and Facilities and Infrastructure Act of 2002 (PPEA), for this project.

The Project Team is composed of the following members:

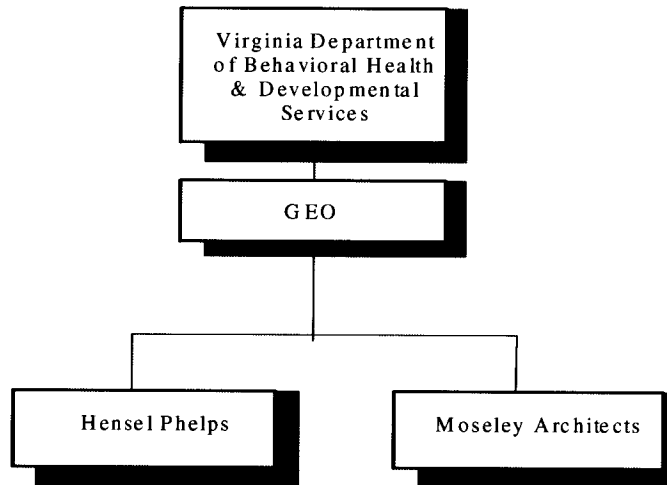
- ◆ **Project Leader & Operator** - GEO will take the lead on the overall project and serve as the primary point of contact. GEO will operate the facility and proposes a comprehensive treatment program that encompasses the most progressive "best practices" in sex offender treatment. GEO will coordinate the transition and operation of the existing 300 bed VCBR facility while the current facility is modified and new beds are added. Operations will be implemented and overseen by a team of dedicated, professional Corporate and Regional staff under the leadership of Dale W. Frick, Divisional Vice President, Residential Treatment. Extensive corporate and regional resources will provide services/expertise in Operations, Health Services, Legal, Design Services, Finance/Business Management, Human Resource Services, Business Development and Security.
- ◆ **Developer** - GEO's in-house architectural team, GEO Design Services, Inc. (GEODSI), has created the conceptual design for the new facility and will follow the project through to completion by providing direction to the architect-of-record and also providing construction oversight. GEODSI has extensive experience in the design and construction oversight of sex offender, residential treatment, correctional, and detention facilities, providing these services for GEO on over 70 new or renovated facilities both in the US and internationally since 1986.
- ◆ **General Contractor** – Hensel Phelps Construction Company will be the General Contractor and will provide all construction related services, including hiring construction subcontractors and consultants.

The company is one of the nation's largest construction companies and constructs commercial, institutional, industrial, defense, and other specialty projects through both competitive and negotiated means. As a general contractor since 1937, Hensel Phelps offers one of the strongest records for on-time delivery and cost effective performance in the industry.

- ♦ **Architectural Firm** – Moseley Architects will be the architect-of-record, serving as the experts in local and regional design standards, ensuring that Virginia codes and standards are met, and including any materials selected for use in construction to meet local weather conditions.

Detailed information including history and experience for GEO, as well as its project team members, Hensel Phelps, and Moseley Architects are attached at the end of this section. Copies of Virginia licenses have been included as well.

Project Team





b. Organizational Background

Describe the experience of the firm or consortium of firms making the proposal and the key principals involved in the proposed project including experience with projects of comparable size and complexity. Describe the length of time in business, business experience, public sector experience and other engagements of the firm or consortium of firms. Describe the past safety performance record and current safety capabilities of the firm or consortium of firms. Describe the past technical performance history on recent projects of comparable size and complexity, including disclosure of any legal claims, of the firm or consortium of firms. Include the identity of any firms that will provide design, construction and completion guarantees and warranties and a description of such guarantees and warranties.

In over twenty five (25) years since our founding, GEO has become a quality leader in the provision of comprehensive sex offender, residential treatment, mental health, correctional, and detention services:

- 1984 - The GEO Group, Inc. (formerly known as Wackenhut Corrections Corporation) founded as a private prison management firm; comprehensive all-inclusive services include health care and mental health care services.
- 1997 – GEO Care, Inc. was founded to expand upon one of GEO's core competencies: Comprehensive healthcare including mental health and substance abuse services.
- Since 1998, GEO Care has operated and managed the 335-bed South Florida State Civil Psychiatric Hospital under a contract with the Florida Department of Children and Families, including overseeing the construction of a new state-of-the art facility while operating the existing hospital.
- GEO Care has provided sex offender treatment and/or programming services in conjunction with GEO at over 30 separate facilities to a population of over 4,000 offenders/facility residents, identified as sex offenders or having committed a sex related offense.
- GEO Care provides mental health care and treatment and/or programming services in conjunction with GEO at several GEO correctional and detention facilities.
- GEO Care employs over 2,700 physicians, nurses, health care administrators, counselors, psychologists, psychiatrists, and other professional and contract staff worldwide.

- GEO Care provides substance abuse treatment and/or programming services in conjunction with GEO at several GEO corrections and detention facilities.
- GEO Care has delivered sex offender treatment that is consistent with Association for the Treatment of Sexual Abusers (ATSA) Standards at over 15 facilities.
- GEO Care has operated the 238 bed South Florida Evaluation and Treatment Center (SFETC) secure forensic hospital since 2005.
- GEO Care has operated the Florida Civil Commitment Center (FCCC) for civilly committed sexually violent predators since July 2006, including construction of a new state-of-the-art facility while operating the old buildings.
- GEO Care has operated the 175 bed Treasure Coast Forensic Treatment Center (TCFTC) since 2007.

c. Past and Present Comparable Projects/Facilities

For each firm or major subcontractor (\$1 million or more) that will be utilized in the project, provide a statement listing all of the firm's prior projects and clients for the past 3 years with contact information for such clients (names/addresses /telephone numbers). If a firm has worked on more than ten (10) projects during this period, it may limit its prior project list to ten (10), but shall first include all projects similar in scope and size to the proposed project and, second, it shall include as many of its most recent projects as possible. Each firm or major subcontractor shall be required to submit all performance evaluation reports or other documents in its possession evaluating the firm's performance during the preceding three years in terms of cost, quality, schedule, safety and other matters relevant to the successful project development, operation, and completion.

Following are past and present comparable projects/facilities detailing GEO's sex offender treatment experience.

GEO's clients include federal, state, county and city governments. Our facilities house males and females, adults and juveniles, pre-sentence and sentenced, detainees and prisoners, citizens and aliens. Worldwide, GEO operates and manages 118 residential treatment, correctional and detention facilities with a total design capacity of approximately 81,000 beds. Listed below are GEO's comparable facilities. Biographies for these facilities and contract references are provided behind tabs 10 & 11 respectively. Additionally, provided at the end of this section are:

- GEO's Operations Fact Sheet and Operations Fact Summary Sheet (A list of all facilities operated by GEO, by client type, along with bed totals) – Tab 9
- Performance Reports – Tab 12

GEO's Sex Offender Treatment Experience

At over 15 GEO facilities, GEO has delivered sex offender treatment that is consistent with the Practice Standards and Guidelines for the Treatment of Adult Male Sexual Abusers of the Association for the Treatment of Sexual Abusers (ATSA). GEO provides sex offender treatment and/or other programming services to a population of over 4,000 offenders/facility residents, identified as sex offenders or having committed a sex related offense, at over 30 separate facilities. The descriptions included here are for the most comparable facilities operated by GEO:

Florida Civil Commitment Center – 720 Bed Sexually Violent Predator Facility

Since July, 2006, GEO has operated the Florida Civil Commitment Center (FCCC) for Sexually Violent Predators (SVP) in Arcadia, Florida. FCCC is the second largest SVP Program in the country. The present census is approximately 661 residents. GEO has full responsibility for every aspect of facility operations including sex offender specific treatment, educational services, vocational services, perimeter security, internal security, transportation of residents to court and medical appointments with an armed security officer, food service, maintenance, on-site pharmacy and healthcare of all residents.

GEO is the only private vendor that has ever held this level of responsibility within a SVP program and currently is the only private vendor entrusted by state government with the responsibility for the comprehensive operations of a sexually violent predator civil commitment program.

GEO employs over 300 individuals at FCCC including 29 Master's or Doctoral level clinicians. There is full integration between clinical staff, security staff and other support staff. GEO successfully recruited over 200 new staff during the first eleven months of operations. Each of these staff members received 40 hours pre-service orientation and training.

GEO's clinical staff at FCCC have been trained by David Thornton, Ph.D. on a model that utilizes the latest, evidence based treatment for sexual offenders. David Thornton holds a Ph.D. in Psychology from the University of Exeter in England. He led the team that developed the national sexual offender treatment program for Her Majesty's Prison Service. He has been involved in the creation of widely used risk assessment instruments for the evaluation of sexual offenders such as STATIC-99 and Risk Matrix 2000. Dr. Thornton developed the Structured Risk Assessment framework that allows the joint assessment of static risk and treatment need. The FCCC staff has established three separate treatment tracks that address the specific needs of each sub-group of offenders. These treatment tracks include Mainstream, High Psychopathy and Special Needs including the mentally ill and developmentally disabled. Treatment focuses on the establishment of a comprehensive Structured Risk Assessment that identifies Treatment Interfering Factors. These Treatment Interfering Factors or "treatment targets" drive the treatment process providing a roadmap for residents and clinicians to follow during all phases of the treatment program.

The Florida Civil Commitment Center was accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF): Inpatient and Residential Treatment Mental Health (Adults) in 2010. The program received a Three-Year Accreditation through 2013. This Three-Year Accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to the CARF standards.

An organization receiving Three-Year CARF Accreditation has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its programs and services are of the highest quality, measurable, and accountable.

FCCC is only the second Sexually Violent Predator Program to achieve CARF Accreditation across the country and is the first SVP program to achieve a Three-Year Accreditation on the first attempt.

FCCC OPERATIONAL MILESTONES:

- Doubled the number of hours of sex offender specific treatment for consenting resident
- Completion of a new (2009) state-of-the art facility – cost for GEO to build and operate new facility is less per bed than state spent with previous private operator
- Increased the number of persons in sex offender treatment 101% from 173 consenting residents in 2006 to 389 participants in 2010
- GEO staff redesigned the entire clinical program to achieve evidence based, best practices while exceeding constitutional standards. On November 23, 2009, a United States District Judge approved a settlement and dismissed a class action lawsuit against the state with prejudice and without any form of continued court monitoring
- Facility operations were in need of emergency assistance in 2006 so GEO assumed operations in 17 days, including hiring 170 staff
- No other private vendor, bar none, has assembled a similar team of world renowned sex offender experts to guide the development and implementation of a sex offender treatment program. The Commonwealth's Program will directly benefit from this unparalleled expertise should GEO be awarded this contract.

Central Arizona Correctional Facility – 1280 Bed Sex Offender Prison

The Central Arizona Correctional Facility (CACF) is a 1,280 bed sex offender prison located in Florence, Arizona. GEO financed, designed, constructed and has operated this facility since 2006 under a contract with the Arizona Department of Corrections. Within 10 months of receiving notice to proceed, GEO built and opened the facility. CACF is dedicated exclusively to those inmates that have been identified as sexual offenders and classified as medium custody. CACF utilizes The Sex Offender Education and Treatment Program (SOETP) that was developed by Richard Hurt, Ph.D. and his staff at the Winchester Unit, ASPC-Tucson, Arizona Department of Corrections. SOETP is based on a cognitive-behavioral and relapse prevention model of assessment, treatment, and monitoring.

SOETP has several components that include Sex Offender Treatment Orientation, Starting Over, Year One Treatment, Year Two Treatment, and Maintenance. The Program also includes “Special Needs Offenders” (SNO) Groups for inmates with lower intellectual functioning. Sex offender education and treatment is primarily provided through groups. Individual therapy is available when clinically indicated.

Allen Correctional Center

Since 2000, GEO has been providing sex offender treatment at the Allen Correctional Center which has been operating under a contract with the Louisiana Department of Corrections since 1990. Today, the facility utilizes the Louisiana Risk Management Model, formerly known as the Madison Risk Management Model, for the treatment of sexual offenders. The program is a 4 phase program which teaches offenders the risk factors and how to deal with them. It also puts the offender in simulation exercises where he has to act as a counselor and counsel his victim. There is a set of video interviews with sex offenders that is used to allow offenders practice in identifying each of the risk factors that are portrayed in the video. There is a non-readers version for those who have difficulty reading or can't read at all. Tests are scored by the team that developed the program materials, and certificates are provided to participants as they pass each phase.

South Bay Correctional Facility

GEO has been operating at the South Bay Correctional Facility since 1997 under a contract with the Florida Department of Corrections and as a part of the programming provides sex offender treatment. The sex offender treatment begins with a screening of each inmate with a current sex offense conviction, which occurs annually and continues with the tracking of all sex offenders within the prison population. The annual screenings include outreach to sex offenders to participate in sex offender specific treatment. Determination for treatment eligibility is made after confirming a DSM IV diagnosis for a sexual disorder. Inmates are provided weekly sex offender specific treatment groups in twenty (20) week cycles.

The treatment adheres to the Florida Department of Corrections Policy and Procedures (Health Services Bulletin) for Sex Offender Treatment. However, if an inmate is determined upon evaluation not to have a sexual disorder, the inmate does not need further evaluation.

Additionally, in August of 1999, the Department of Children and Families (DCF) requested that GEO provide housing and programming for 152 sex offenders awaiting the process of civil confinement pursuant to section 394.911, F.S. "The Jimmy Ryce Act." Within 30 days of the request, GEO accommodated DCF's request for housing and located the detainees in a stand-alone housing building physically separated from the other housing units at the South Bay Correctional facility. The following services were successfully provided to these sexual offender civil commitment detainees from September 1999 until May 2002:

- ◆ Secure detention
- ◆ Room and board
- ◆ Health care services
- ◆ General mental health care as required, including psychotropic medications and inpatient mental health services
- ◆ Reception and intake
- ◆ Work programs
- ◆ Clothing
- ◆ Recreation
- ◆ Transportation
- ◆ Laundry services
- ◆ Canteen
- ◆ Barber services
- ◆ Mail services
- ◆ Religious services
- ◆ Visitation
- ◆ Banking services
- ◆ Telephones

Compliance with the Jimmy Ryce Act is very complicated, requiring extensive coordination between DCF, the Facility, the courts, legal representatives, and the detainees. GEO established a very effective system of procedures to ensure the provision of SVP services and compliance with the “Civil Commitment” Act, and, therefore, further built upon our extensive experience managing “special needs” populations. The South Bay staff demonstrated expertise in the “Jimmy Ryce Involuntary Civil Commitment for Sexually Violent Predators’ Treatment and Care Act” and complied with all legal actions and requirements specific to this “special needs” population.

South Florida Evaluation and Treatment Center

Since 2005, GEO has operated the South Florida Evaluation and Treatment Center (SFETC), a 238 bed secure forensic hospital under a contract with the Florida Department of Children and Families. Under the leadership of the clinical team, SFETC provided sex offender treatment to the only female committed under Florida’s Sexually Violent Predator Act. In close consultation with GEO’s clinical team at the Florida Civil Commitment Center, GEO was able to successfully adapt its model to provide sex offender specific treatment and ancillary services for the unique needs of this female predator.

Rivers Correctional

Since 2001, GEO has operated the Rivers Correctional facility and provided sex offender treatment by a licensed doctoral-level psychologist and a licensed masters-level psychologist, who is also certified by the state of North Carolina to provide sex offender treatment. Treatment is provided on an individual basis and utilizes a cognitive-behavioral therapeutic perspective with a focus on relapse prevention. If recommended by the Courts or the Parole Commission, we provide referrals to the Bureau of Prisons’ Sex Offender Treatment Program, an 18-24 month intensive residential treatment program.

Bronx Community Re-Entry Center

Starting in 2005, sex offenders have participated in the Brooklyn Community Re-Entry Center programs and GEO has been operating the facility since 2002. GEO operates this facility under a contract with the Federal Bureau of Prisons ("BOP") and the residents are referred by BOP as a part of its pre-release population. Residents receive a diagnostic work up which includes extensive interviewing, a polygraph and psychosocial assessment to develop a profile of the resident's behavior. The assessment is completed at a contracted outpatient treatment center and a treatment plan is outlined. A GEO licensed social worker parallels the treatment plan by providing individual therapy and psycho-educational groups which stress personal responsibility and focuses on increasing self-awareness, developing self control, facilitating victim empathy and relapse prevention. These individual and group sessions are facilitated weekly.

Brooklyn Community Correctional Center

Sex offenders have participated in the Brooklyn Community Correctional Center programs since 2002 and GEO has been operating the facility since 1996. GEO operates this facility under a contract with the Federal Bureau of Prisons ("BOP") and the residents are referred by BOP as a part of its pre-lease population. The residents receive a diagnostic work up which includes extensive interviewing, a polygraph and psychosocial assessment to develop a profile of the resident's behavior. The assessment is completed at a contracted outpatient treatment center and a treatment plan is outlined. A GEO licensed social worker parallels the treatment plan by providing individual therapy and psycho-educational groups which stress personal responsibility and focuses on increasing self-awareness, developing self control, facilitating victim empathy and relapse prevention. These individual and group sessions are facilitated weekly.

Lea County Correctional Facility

GEO began offering sex offender treatment in 2000 and has been operating this facility under a contract with the New Mexico Department of Corrections since 1998. Sex offender group programming was provided to a pod of 58 inmates. The Mission of the Lea County Correctional

Facility Community Reintegration Unit (CRU), the sex offender program, was to reduce the number of victims by helping the offender learn ways to minimize the risk of re-offending. This did not imply a cure or a guarantee of success, but upon successful completion of the program a reduction in the risk of re-offense, as long as the inmate practiced the learned behaviors after release. A primary goal of treatment was to promote public safety through reducing recidivism.

This program for sex offenders focused on changing the sex offenders' distorted patterns of thinking and deviant sexual behaviors. Completion of the CRU required a minimum of 18 months that was divided into three component program stages. Sex crimes are learned behaviors, and therefore, can be unlearned. Research has shown that sex offender programming can be an effective means of addressing the sex offense.

Moore Haven Correctional Facility

GEO offered successful sex offender treatment at the Moore Haven Correctional facility from 1996 to 2010 and the facility has been operated under contract with the Florida Department of Corrections since 1995. Sex offender screening was completed on every inmate with a sex offense history within 30 days of their transfer. Sex offender group treatment was offered if they were diagnosed with a psychosexual disorder. The sex offender groups ran for a duration of 20 weeks. The materials used for the programming were from the Vermont Safer Society Press which focused on assisting in understanding their cycle of deviant sexual behavior.

Junee Correctional Centre Programs for Sex Offenders

GEO has operated the Junee Correctional Centre in Junee, Australia since 1993 and delivered a successful sex offender relapse prevention program from 1998 - 2001. The specialized sex offender relapse prevention program was aimed at developing, for each offender, a Relapse Prevention Plan to minimize the risk of re-offending.

The Sex Offender Program S.O.R.T and N.E.T.T ceased being conducted at Junee Correctional Centre in 2001.

The NSW Department of Corrective Services mandated to transfer all Sex Offenders to Sydney where treatment would be facilitated from a central centre.

The SORT/NETT programs were highly regarded and were not terminated due to any problems with the program.

Since 2001, Corrective Services New South Wales (formerly known as the NSW Department of Corrective Services) has continued to conduct the therapeutic intervention for Sex Offenders in their Sydney Centers.

Secure Mental Health Treatment Experience

GEO's has extensive experience operating secure mental health treatment facilities and listed below are some examples:

Treasure Coast Forensic Treatment Facility

Treasure Coast Forensic Treatment Center is a secure forensic treatment facility that provides professional mental health care to prepare residents who are found incompetent to proceed (ITP's) for trial and in addition, to treat those individuals declared not guilty by reason of insanity, (NGI's) in a manner where the outcome reduces symptoms while diminishing their risk to society through aggressive mental health treatment. GEO has operated this facility since April 2007. GEO subscribes to and believes in the "Recovery Model" for treatment of the seriously and persistently mentally ill. This model of therapeutic intervention is evidenced based and incorporates beliefs that recovery is personal and unique to each individual. It is a process that focuses on one's attitude, values, feelings, goals and skills. Changes will often take place not only in the resident but with family, friends and others in the resident's support system. It is a way of living a hopeful, satisfying life despite the potential limitations imposed by serious mental illness.

Columbia Regional Care Center

GEO Care, Inc. acquired Just Care, Inc in October 2009. Through this acquisition, GEO Care now provides the operation and management of the Columbia Regional Care Center ("CRCC") in Columbia, South Carolina. Just Care, Inc. was established in 1998 as the nation's first private



detention health care company to provide quality, cost-effective medical and mental health services in a secure environment.

CRCC is the only private detention health care facility in the United States. Accredited by the National Commission on Correctional Healthcare (NCCCHC), CRCC is a 374-bed facility offering sub-acute, skilled, intermediate and hospice care for conditions such as AIDS, cancer, cardiac disease, and kidney dialysis, mental health, and special needs programs for detainees. Additionally, CRCC also provides inpatient evaluation and treatment for individuals determined to be not competent to stand trial or not guilty by reason of insanity for the State of South Carolina. This distinct part of the CRCC, which recently received Joint Commission Accreditation, is operated in partnership with the SC Department of Mental Health and Bryant Psychiatric Hospital.

South Florida Evaluation and Treatment Center Annex

GEO Care began operating the 100 bed maximum security South Florida Evaluation and Treatment Center Annex ("SFETC Annex") in March 2007. This facility provided professional mental health care to prepare residents who are found incompetent to proceed (ITP's) for trial and in addition, to treat those individuals declared not guilty by reason of insanity, (NGI's) in a manner where the outcome reduces symptoms while diminishing their risk to society through aggressive mental health treatment. The Florida Department of Children and Families activated this 100 bed facility because it was experiencing a forensic bed crisis with over 300 individuals languishing in county jails as they waited for a bed in a forensic facility. Less than 6 months after receiving patients at the SFETC Annex, the state's forensic bed waiting list (inmates waiting 14+ days) was eliminated. For purposes of operational efficiencies, Florida decided to expand the Treasure Coast Forensic Treatment Center and the South Florida Evaluation & Treatment Center and close the SFETC Annex.

Please refer to tabs 10 and 11 for GEO's Facility Biographies and Past and Present Contract Information.



d. Contact Information

Provide the names, addresses, and telephone numbers of persons within the firm or consortium of firms who may be contacted for further information.

Jorge A. Dominicus
President, GEO Care, Inc. &
Senior VP, Residential Treatment Services, The GEO Group, Inc.
621 Northwest 53rd Street, Suite 700
Boca Raton, Florida 33487
(800) 275-8370

Steven J. Speer, Vice President/District Manager
Hensel Phelps Construction Company
4437 Brookfield Corporate Drive, Ste. 207
Chantilly, VA 20151
703-828-3200

William Porter, P.E., DBIA, Vice President
Moseley Architects
3200 Norfolk Street
Richmond, VA 23230
804-794-7555

Successful Partnerships:

GEO and Hensel Phelps have successfully partnered on a number of projects across the U.S that were comparable to what is proposed in this PPEA. Some of the projects that have been completed by the partnering of GEO with Hensel Phelps Construction include:

- South Florida Evaluation & Treatment Center Florida City, FL
- Aurora/INS Processing Center Aurora, CO
- Lawton Correctional Facility Lawton, OK
- Misdemeanor Pre-Arrestment Detention Facility San Diego, CA



- Western Region Detention Facility San Diego, CA
- Rivers Correctional Institution Winton, NC
- Adelanto Modified Community Correctional Facility McFarland, CA
- McFarland Medium Community Correctional Facility McFarland, CA
- Curaçao Penitentiary, Renovation/Modernization Willemstad, Curaçao

e. Financial Information

Provide a current or most recently audited financial statement of the firm or firms and each partner with an equity interest of twenty percent or greater.

Please refer to the attachment provided behind tab 13 of this section for GEO's most recent financial information.

f. Conflict of Interest

Identify any persons known to the proposer who would be obligated to disqualify themselves from participation in any transaction arising from or in connection to the project pursuant to The Virginia State and Local Government Conflict of Interest Act, Chapter 31 (§ 2.2-3100 et seq.) of Title 2.2.

To the best of our knowledge none of the individuals or firms included in this proposal will be obligated to disqualify themselves due to a conflict of interest.

g. Staff Recruitment

Identify proposed plan for obtaining sufficient numbers of qualified workers in all trades or crafts required for the project.

Commitment to quality service and professionalism is the cornerstone of GEO's business philosophy. Inherent in our commitment to excellence is our dedication to attracting, developing and motivating a professional work force, relying upon only the highest standards in recruitment, selection and training of personnel. We recognize that the contributions and actions of every employee are required to realize fully our organizational capabilities and goals. GEO offers a

variety of career challenges and opportunities for men and women of integrity, determination and professionalism who are achievement oriented and possess sound human relations skills. To date GEO continues to be highly successful in the selection, hiring and retention of employees.

Our practices and procedures have provided the corporation with a very stable professional workforce. To maintain continuity of care for facility residents, GEO will give first preference in hiring to existing employees based upon employee qualifications and the ability to meet the minimum job performance criteria established for the position.

We recognize the importance to the community, the current employees, and the facility population to take all necessary action to ensure that services continue with a minimum of transitional issues. GEO management staff will be on hand to provide immediate on-site direction, to facilitate the smooth entry of our transition teams and to facilitate final transfer of services to GEO.

GEO corporate staff will be available on-site as needed to provide additional resources and technical assistance during the critical transition process. We believe strongly in the team concept. GEO will assemble a transition team to include specialists in contracting, security, finance, project management, clinical services and program support. Our team shall have the knowledge and experience needed to recruit, select, train and deploy staff. This team approach creates the energy needed to coordinate the transition within the timeframe required. GEO will provide all personnel and services necessary for a smooth transition to GEO operation and into the new facility.

GEO's approach to the transitional processes includes coordination with local, state and federal governments, as applicable, to ensure all aspects of the transition are identified, documented, communicated, and implemented. We have identified critically important issues that must be addressed and achieved. These issues include:

- The identification and selection of the necessary staff to effectively manage and provide the prescribed programs. GEO will work with the current facility staff, local, state and facility authorities to identify and select the most qualified individuals to provide the required services.

- Continued employment for the current program staff. Our goal is to select as many of the current staff as possible to ensure a seamless transition in operations. GEO is an excellent employer, offering competitive wages and employee benefits. Emphasis will be placed upon retaining current staff that meet the necessary employment qualifications and are interested in continuing their employment.
- Identification of current local supply and service providers. GEO will use as many local suppliers and service providers as possible at the VBCR in Burkeville, VA in order to ensure continuity of services and continued support to the local businesses. Our goal is to be a good business partner in the local community.
- Continued use of the local community as a source for new employees. GEO's experience has demonstrated the importance of solid community partnerships in the successful operation of our programs and facilities. We understand the importance of selecting and maintaining good employees from the local communities. We will continue to use local employment resources to attract, identify, and recruit the best possible employees from the local area.

GEO has built its employment brand through innovative print, video, and internet strategies which has created a solid network of qualified candidates in each market it operates and services. GEO manages a continuous diverse recruitment strategy to maintain a qualified pipeline of interested candidates and operates an extensive applicant tracking system to communicate with applicants that have expressed interest in working for the company. Candidates are driven to GEO's applicant system through various recruitment sources.

Since January 2009, GEO's human resources and operations have screened over 15,500 applications for its various facilities in the Southeastern United States. During that same period, GEO has hired over 500 healthcare professionals and promoted over 150 employees at its facilities, regional and corporate offices. Each facility is supported by an in-house professional human resources team that is involved in the day-to-day recruitment and retention activities. This team utilizes the resources and manpower of the regional and corporate office human resources department consisting of recruitment, benefits, compensation, employee relations and legal professionals.

GEO's onsite facility human resources and corporate team have a proven track record in recruiting, training, and deploying mental health professionals to initiate contracts in less than 45-days from implementation. Successful transition plans have been utilized for new activations and transitions of hiring employees from previous contractors and from state governments. GEO is dedicated to attracting, training, developing, and retaining the most professional workforce in the industry. The experience gained in successfully attracting and retaining employees throughout the entire healthcare organization and facilities around the world will be utilized to ensure the successful transition and provision of services for the Commonwealth of Virginia.

One of the most important aspects of successful treatment is the stability of the work force. In an era of tight labor markets, GEO strives to retain valuable employees and make them more productive. GEO's employee retention strategy begins with the hiring of employees that meet both GEO and client standards. Selective hiring, employee empowerment, proper supervision and ongoing communication give the employee a sense of pride that encourages retention. GEO recognizes the important roles that the wage rate and employee benefit package play in the overall satisfaction of employees and the resulting turnover and retention rates. We believe that competitive salaries and benefits are a sound basis for retention of employees.

h. Training Programs

Provide information on any training programs, including but not limited to apprenticeship programs registered with the U.S. Department of Labor or a State Apprenticeship Council, in place for employees of the firm and employees of any member of a consortium of firms.

GEO believes that a professional staff is essential to the successful, safe and efficient operation of a facility. Staff training is of paramount importance because of the positive impact it has on improving staff performance, increasing retention, and boosting morale; all of which enhances operations and reduces the potential for error. GEO's staff training program is structured to ensure that each employee successfully completes training that meets or exceeds Commission on the Accreditation of Rehabilitation Facilities (CARF), GEO, and Virginia Department of Behavioral Health and Developmental Services standards. To assist and complement GEO's training programs, affiliations with colleges and universities will be a priority. It is GEO policy to provide

training to all employees to empower them with the knowledge, skills and ability necessary to perform their assigned job duties. GEO's operational philosophy is incorporated throughout the training process to ensure compliance with all legal, contractual, professional and ethical standards. GEO recognizes that employees perform more efficiently and effectively when they are properly trained. Training creates a positive work environment and enables employees to realize a greater job performance satisfaction. GEO provides a wide array of training and educational programs for staff. The training is designed for different levels of staff, from security personnel to nurses and medical staff, as well as those who do not provide direct care or supervision. This training is provided in orientation as well as in annual mandatory training updates for all staff.

i. Department of Minority Business Enterprise

Provide information on the level of commitment by the firm or consortium of firms to use Department of Minority Business Enterprise certified firms in developing and implementing the project.

GEO, by corporate policy, encourages the participation of small, minority, and women owned businesses, in its sourcing of vendors to supply goods and services for its corporate, as well as individual project requirements.

Subcontractors and team members for our projects are required to supply a business plan for their development of Minority and Women Owned business enterprises supplying the contract. The information is provided to us in writing and monitored to ensure appropriate usage of these businesses.

To encourage the participation of small, minority, and women owned businesses, GEO sponsors vendor fairs targeting the local minority and women-owned business community. These fairs have served as a means for GEO to introduce ourselves to the local business community and, at the same time, enable us to begin the evaluation process in qualifying the targeted potential vendors. GEO places advertisements soliciting participation in newspapers, television access channels, and minority newsletters, to name a few examples of outlets for recruitment.

j. Qualification Statement

For each firm or major subcontractor that will perform construction and/or design activities, provide the following information: (1) A sworn certification by an authorized representative of the firm attesting to the fact that the firm is not currently debarred or suspended by any federal, state or local government entity. (2) A completed qualification statement on a form developed by the Commonwealth that reviews all relevant information regarding technical qualifications and capabilities, firm resources and business integrity of the firm, including but not limited to, bonding capacities, insurance coverage and firm equipment. This statement shall also include a mandatory disclosure by the firm for the past three years any of the following conduct: (A) bankruptcy filings (B) liquidated damages (C) fines, assessments or penalties (D) judgments or awards in contract disputes (E) contract defaults, contract terminations (F) license revocations, suspensions, other disciplinary actions (G) prior debarments or suspensions by a governmental entity (H) denials of prequalification, findings of non-responsibility (I) safety past performance data, including fatality incidents, "Experience Modification Rating," "Total Recordable Injury Rate" and "Total Lost Workday Incidence Rate" (J) violations of any federal, state or local criminal or civil law (K) criminal indictments or investigations (L) legal claims filed by or against the firm.

None of the proposing firms are currently debarred or suspended by any federal, state or local government entity.

Please find signed and notarized Department of General Services Forms 30-168 for GEO and Hensel Phelps Construction Company behind tabs 1, and 14, respectively and the Department of General Services Form 30-004 for Moseley Architects can be found behind tab 22, at the end of this section.

Certifications Regarding Debarment for GEO, Hensel Phelps Construction Company and Moseley Architects can be found behind tabs 5, 18, and 24 respectively, at the end of this section.

Surety Statements for GEO and Hensel Phelps Construction Company can be found behind tabs 2 and 17 respectively, at the end of this section.

Licenses to conduct business in Virginia for Hensel Phelps and Moseley Architects can be found behind tabs 15 and 23 respectively, at the end of this section.

k. Worker Safety Programs

Worker Safety Programs: Describe worker safety training programs, job-site safety programs, accident prevention programs, written safety and health plans, including incident investigation and reporting procedures.

Design/Build Phase:

Preliminary Project Safety Plan

The responsibility for safety and health will be clearly defined, and performance will be accurately evaluated, recorded, publicized, and criticized or rewarded. Serious or repeated safety violations will be cause for reprimand or discharge. Control will be exercised constantly at all levels of responsibility.

All accidents or near misses will be cause for investigation and remedial action. Participation in the Site Specific Safety & Health Program will include all employees and subcontractors on a continual and organized basis, and safety and health will be the first consideration in the planning and performance of the work.

This job-proven approach results in outstanding safety performance as evidenced by the previously summarized safety performance statistics. Corporately, Hensel Phelps assures that the Superintendent is not compromised concerning safety-related issues with contrasting contractor goals of cost and schedule. The Superintendent is assisted in the safety effort by the Safety Engineer and QC Manager, who look for safety problems as part of their inspection process.

District Safety Officer

The General Contractor's District Safety Officer will develop a Safety and Policy Procedures Manual that complies with all governing occupational safety hazard regulations to be used. The District Safety Officer will perform periodic safety inspections to ensure compliance with the manual. Subcontractors will be notified of violations in writing, with follow-up inspections conducted to verify correction. The reduction of injury to workmen, lost time, property security, etc. will be an ongoing, daily responsibility of all project personnel, and the primary responsibility of the District Safety Officer.

The District Safety Officer will be responsible for:

- Establishing, implementing, and monitoring a project safety program
- Training seminars on safety including pre-bid meetings and the establishment of sub-contractors safety incentive programs
- Walk through inspections and reports
- Issuance of safety bulletins and primary responsibility for safety related reports

Operations Phase:

Once construction of the facility is completed, GEO will operate and maintain the facility in compliance with all applicable federal, state and local safety and fire codes and applicable Court Orders, Virginia Department of Behavioral Health and Developmental Services Policies, and CARF Standards relative to safety.

GEO will conduct a documented fire and safety inspection, weekly, by a properly trained and qualified Fire/Safety Supervisor. This position will be responsible to the Facility Administrator for the establishment and maintenance of a comprehensive safety program for the facility. The Fire/Safety Supervisor will ensure that the facility meets or exceeds all pertinent safety standards and establishes and implements regular safety inspections of the facility. Any alteration, construction, renovation, occupancy classification or use condition changes of the institution shall maintain continued fire safety procedures.



No employee or resident will be exposed to known occupational safety or health hazards. Compliance with accepted safety practices are the responsibility of each employee. The Facility Administrator and the safety coordinator will implement appropriate mechanisms for the identification and timely correction of violations, hazards or deficiencies.

The Facility Administrator shall ensure that the facility is regularly inspected by a qualified State fire official, and that facility staff conduct weekly fire and safety inspections.

GEO
VA DGS-30-168
Form

COMMONWEALTH OF VIRGINIA

STANDARD FORM

FOR

CONTRACTOR'S STATEMENT

OF QUALIFICATIONS

TABLE of CONTENTS

I General Information

II Bonding

III Judgments

IV Convictions and Debarment

V Compliance

VI Experience

VII Signatures

Attachments

I. General Information

- 3

General Information (continued)

5. Check type of organization:

Corporation	<u> X </u>	Partnership
Individual	<u> </u>	Joint Venture
Other		

6. If a corporation -

State of Incorporation: Florida

Date of Incorporation: April 24, 1997

Federal I.D. #: 65-0749307

<u>Officers</u>	<u>Name</u>	<u>Years in Position</u>
President:	Jorge A. Dominicis	6
Vice President:	Dale W. Frick	14
Secretary:	John J. Bulfin	11
Treasurer	Brian Evans	11

Are you a Subchapter S Corporation? Yes No X

7. If a partnership - N/A

Date organized:

Type of partnership:

List of General Partners:

<u>Name</u>	<u>Phone #</u>	<u>Years as G.P.</u>
-------------	----------------	----------------------

8. If individually owned - N/A

Years in Business:

General Information (continued)

9. Have you ever operated under another name? Yes X No

If yes -

Other name: Atlantic Shores Healthcare, Inc.

Number of years in business under this name: 8

State license number under this name: H05000198808 3

II. Bonding

Please have your Bonding Company execute a statement similiar to the one at Attachment 1 and attach the completed and signed statement as Attachment 2 to this completed G.S.Form E&B CO-16

1. Bonding Company's name: Liberty Mutual Insurance Company
Address: 175 Berkeley Street
Boston, MA 02116

Representative (Attorney-in-fact): John A. Martinez

2. Is the Bonding Company listed on the United States Department of the Treasury list of acceptable surety corporations?

Yes X No

3. Is the Bonding Company licensed to transact fidelity and surety business in the Commonwealth of Virginia?

Yes X No

III. Judgments

In the last ten years, has your organization, or any officer, director, partner or owner, had judgments entered against it or them for the breach of contracts for construction?

Yes _____ No X

If yes, please on a separate attachment, state the person or entity against whom the judgment was entered, give the location and date of the judgment, describe the project involved, and explain the circumstances relating to the judgment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

IV. Convictions and Debarment

If you answer yes to any of the following, please on a separate attachment, state the person or entity against whom the conviction or debarment was entered, give the location and date of the conviction or debarment, describe the project involved, and explain the circumstances relating to the conviction or debarment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. In the last ten years, has your organization or any officer, director, partner, owner, project manager, procurement manager or chief financial officer of your organization:
 - a. ever been fined or adjudicated of having failed to abate a citation for building code violations by a court or local building code appeals board?
Yes _____ No X
 - b. ever been found guilty on charges relating to conflicts of interest?
Yes _____ No X
 - c. ever been convicted on criminal charges relating to contracting, construction , bidding, bid rigging or bribery?
Yes _____ No X
 - d. ever been convicted: (i) under Va. Code Section 2.2-4367 et seq. (Ethics in Public Contracting); (ii) under Va. Code Section 18.2-498.1 et seq. (Va. Governmental Frauds Act); (iii) under Va. Code Section 59.1-68.6 et seq. (Conspiracy to Rig Bids); (iv) of a criminal violation of Va. Code Section 40.1-49.4 (enforcement of occupational safety and health standards); or (v) of violating any substantially similar federal law or law of another state?
Yes _____ No X
2. Is your organization or any officer, director, partner or owner currently debarred from doing federal, state or local government work for any reason?
Yes _____ No X

V. Compliance-

If you answer yes to any of the following, please on a separate attachment give the date of the termination order, or payment, describe the project involved, and explain the circumstances relating to same, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. Has your organization:
 - a. ever been terminated on a contract for cause?
Yes _____ No X _____
 - b. within the last five years, made payment of actual and/or liquidated damages for failure to complete a project by the contracted date?
Yes _____ No X _____
2. Has your organization, in the last three years, received a final order for willful and/or repeated violation(s) for failure to abate issued by the United States Occupational Safety and Health Administration or by the Virginia Department of Labor and Industry or any other government agency?
Yes _____ No X _____
3. Have any Performance or Payment Bond claims ever been paid by any surety on behalf of your organization?
Yes _____ No X _____

VI. Experience-

If your organization has multiple offices, provide the following information for the office that would handle projects under this prequalification. If that office has limited history, list its experience first.

1. Attach a list of all projects, giving address, size, and dollar value for each, that your organization has **completed** in the last five years. Provide for each, the name, address, and phone number, for the Owner's and Architect's contact or representative.
2. Attach a list of your organization's projects **in progress**, if any, at the time of this statement. At a minimum, provide project names and addresses, contract amounts, percentages complete and contact names and numbers for the architects and owners.
3. If this statement is for a particular project, identify three projects from those identified in 1 and 2 above which are most relevant or similar to the project(s) for which you are seeking prequalification.

Experience (continued)

Job 1.

Name: Florida Civil Commitment Center

Address: 13619 SE Highway 70 in Arcadia, Florida

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)
192,250 sq ft, separate housing building on 125 acres, \$61.6M

Owner's Name: State of Florida, Department of Children and Families

Address: 1317 Winewood Blvd., Tallahassee, Florida

Phone Number: 850-921-4590

Contact: Frank Dichio

Architect's Name: Schenkel Shultz Architecture

Address: 111 E. Wayne Street, Suite 555, Fort Wayne, Indiana 46802

Phone Number: 260-424-9080

Contact: Michael S. Goulouff

Final or current Contract Amount: Management & Operations: \$25.7M/yr

Project Description, i.e., function of building and component building systems:

The new designed facility consists of various housing configurations for different security levels, depending on the resident's classification type, in four different and independent buildings. Each housing building is designed to specifically serve the requirements of its residents and maximize efficiency of the clinical and operational staff. Dedicated programs and support areas are located within each building.

Concrete & Concrete Masonary. The four housing units are grouped around a common control room. The single rooms in each unit are located on two levels (main floor and mezzanine). Each single room, designed in compliance with ACA, has a floor area of 82 sf and is provided with detention grade stainless steel combination lavatory/toilet fixture and detention grade furnishings, doors and windows. Dedicated outdoor recreation yards are provided for each housing unit.

Experience (continued)

Job 2.

Name: Treasure Coast Forensic Treatment Center

Address: 96 SW Allapattah Road

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)

99,281, single story building, \$1M

Owner's Name: State of Florida, Department of Children and Families

Address: 1317 Winewood Blvd., Tallahassee, Florida

Phone Number: 850-921-4590

Contact: Frank Dichio

Architect's Name: N/A

Address: N/A

Phone Number: N/A

Contact: N/A

Final or current Contract Amount: Management & Operations: \$23M/yr

Project Description, i.e., function of building and component building systems:

Facility renovation. One story secure building, 99281 sf, concrete masonry, designed to provide a safe environment conducive to treatment, work and recreation for residents and staff.

Experience (continued)

Job 3.

Name: South Florida Evaluation and Treatment Center

Address: 18680 SW 376 Street, P.O. Box 344220, Florida City, FL 33034

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)
159,000, one story, 40 acre site with a square configuration measuring approximately 1329 ft along each property line. \$36M

Owner's Name: State of Florida, Department of Children and Families

Address: 1317 Winewood Blvd., Tallahassee, Florida

Phone Number: 850-921-4590

Contact: Frank Dichio

Architect's Name: Schenkel Shultz Architecture

Address: 111 E. Wayne Street, Suite 555, Fort Wayne, Indiana 46802

Phone Number: 260-424-9080

Contact: Michael S. Goulouff

Final or current Contract Amount: Management & Operations: \$25.9M/yr

Project Description, i.e., function of building and component building systems:

SFETC is a one story complex comprising six distinct buildings grouped together to create a series of interior landscaped courtyards for the use of residents, staff and visitors. All buildings are connected through wide corridors with plenty of natural light. Concrete and Concrete Masonary, 159,000 sf.

4. Describe how your firm would staff this project:

The project operation will be staffed with highly credentialed professional staff. GEO intends to hire as many of the existing employees for the operations phase of the project as is possible.

Please see GEO's staffing plan provided in Volume II behind tab 2.

5. Provide, as an attachment, a brief resume for the project manager and the superintendent most likely to be assigned to this project. Describe, for each, the background and experience that would qualify him or her to be a project manager or superintendent. Include in the resumes at least three (3) similar or comparable projects on which the proposed project manager and superintendent have served in that capacity or positions of similar or comparable responsibility within the last five years and the names, addresses and phone numbers of the Owner's and Architect's contact person for each.

The project manager for this project will be Mr. Dale W. Frick, Divisional Vice President, Residential Treatment, GEO Care, Inc.

The interim superintendent for this project will be Mr. Tim Budz. Mr. Budz will serve as interim superintendent until a qualified candidate is identified for this project.

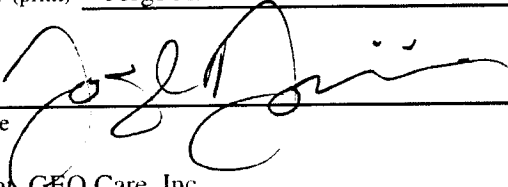
Please find copies of resumes for Mr. Frick and Mr. Budz, along with other GEO Management Team members, provided behind tab 8.

VII. Signatures

The undersigned certifies under oath that the information contained in this Statement of Qualifications and attachments hereto is complete, true and correct as of the date of this Statement.

GEO Care, Inc.
(name of entity submitting this Statement of Qualifications)

By: Name of Signer (print) Jorge A. Dominicis


Signature

Title: President, GEO Care, Inc.

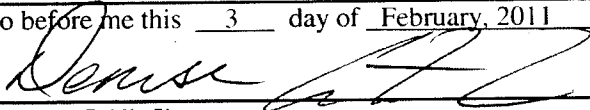
Date: February 3, 2011

Notary

State of Florida

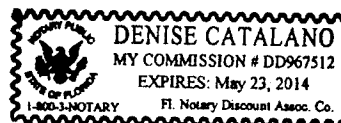
County/City of Palm Beach

Subscribed and sworn to before me this 3 day of February, 2011


Notary Public Signature

My commission expires: May 23, 2014

Notary Seal:



GEO
Surety Letter &
Insurance



February 2, 2011

Virginia Department of Behavioral Health and Developmental Disabilities
Virginia PPEA Conceptual Phase Submission, Part 1

Re: Surety Bonds for GEO Care, Inc. a wholly-owned subsidiary of The GEO Group, Inc. ("GEO Care, Inc.") – VA SVP PPEA Phase 1 Proposal

To Whom It May Concern:

The GEO Care, Inc. is a highly valued client of Lockton Companies, I.I.C, who handles all surety bond needs on their behalf. GEO Care, Inc.'s bonds are underwritten by Liberty Mutual Insurance Company, CNA Surety and ACE USA, which are Treasury Listed and rated "A, XV" ; "A,IX" ; and "A+, XII" respectively, by A.M. Best.

We are pleased to recommend GEO Care, Inc. to you as a competent and professional provider of residential treatment facilities and services which include; Sex Offender Treatment Services; Civil Mental Health Services; Forensic Mental Health Services; Community Re-Entry Services; and Correctional Health Services. GEO Care, Inc. has a vast knowledge of the sex offender, residential treatment, and correctional industry, operating and managing a quality product in a timely and cost effective manner. With an overall aggregate bond program in excess of \$250,000,000.00, the surety companies listed above would consider providing Performance and Payment bonds for the project captioned above.

This letter should not be construed as an agreement to provide surety credit for any particular project, but is offered as an indication of our experience with, and confidence in, this firm. The decision to provide bonding is subject to review by the Sureties of contract terms and conditions, acceptable bond forms, confirmation of adequate financing, and other pertinent underwriting information available at the time a bond request is made.

Please note that any arrangement for bonding is a matter between GEO Care, Inc. and the surety companies listed above. The Surety assumes no liability to you or third parties if for any reason they decline to issue a surety bond.

Should you have any questions or need further information, please do not hesitate to contact us. Thank you.

Sincerely,

John A. Martinez,

Attorney-in-Fact for Liberty Mutual Insurance Company, CNA Surety and ACE USA.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/30/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 Attn: CSU Dept. 954-838-3400 / Fax: 954-838-3770		CONTACT NAME PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:	
712150-MED-TECH+10-11 FL- G/A/W		INSURER(S) AFFORDING COVERAGE	
INSURED GEO CARE, INC. AND THE GEO GROUP, INC. 621 NW 53rd STREET, SUITE 700 BOCA RATON, FL 33487		INSURER A: National Union Fire Ins Co Pittsburgh PA INSURER B: N/A INSURER C: N/A INSURER D: N/A INSURER E: INSURER F:	
		NAIC # 19445 N/A N/A N/A	

COVERAGES**CERTIFICATE NUMBER:**

ATL-002273462-07

REVISION NUMBER: 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		4360951 (AOS)	10/01/2010	10/01/2011	EACH OCCURRENCE \$5,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		4360952 (MS)	10/01/2010	10/01/2011	DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$EXCLUDED
	<input checked="" type="checkbox"/> Medical Technical Professional					PERSONAL & ADV INJURY \$5,000,000
	<input checked="" type="checkbox"/> Aggregate: \$5,000,000					GENERAL AGGREGATE \$25,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COV/DP AGG \$5,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - FA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ALL ACTIVE HOSPITAL PRACTITIONERS ARE COVERED UNDER THE TERMS OF THIS POLICY FOR SERVICES RENDERED DURING THE COURSE OF THEIR EMPLOYMENT WITH THE ABOVE CAPTIONED NAMED INSURED AT THE FOLLOWING FACILITY: FLORIDA CIVIL COMMITMENT CENTER - (FCCC).

CERTIFICATE HOLDER**CANCELLATION**GEOCARF INC.
621 NW 53rd STREET
ONE PARK PLACE, SUITE #700
BOCA RATON, FL 33487

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Rosalia A. Croes

Rosalia A. Croes

ACORD**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)
03/01/2010

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY Marsh USA Inc. PO Box 459010 Sunrise, FL 33345-9010	PHONE (A/C, No. Ext)	COMPANY Steadfast Insurance Company
712150-PROP--10-11	FL-SFE PROP	
FAX (A/C, No.)	E-MAIL ADDRESS	
CODE: AGENCY CUSTOMER ID #: INSURED	SUB CODE:	
THE GEO GROUP, INC. 621 N.W. 53RD STREET SUITE 700 BOCA RATON, FL 33487	LOAN NUMBER	POLICY NUMBER XPP 3792281-01
	EFFECTIVE DATE 03/01/2010	EXPIRATION DATE 03/01/2011
		CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

RE: OPERATION OF THE SOUTH FLORIDA EVALUATION AND TREATMENT CENTER, SOUTH FLORIDA STATE HOSPITAL, FLORIDA CIVIL COMMITMENT CENTER AND TREASURE COAST FORENSIC TREATMENT FACILITY BY GEOCARE, INC.

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
ALL RISK OF DIRECT PHYSICAL LOSS OR DAMAGE FOR REAL AND PERSONAL PROPERTY AND BUSINESS INTERRUPTION	250,000,000	SEE ATTACHED
SUBLIMITS:		
EQUIPMENT BREAKDOWN:	100,000,000	SEE ATTACHED
EARTH MOVEMENT IN THE ANNUAL AGGRRRGATE FOR PROPERTIES EXCEPT:	100,000,000	SEE ATTACHED
PROPERTIES LOCATED IN ZONE 1 FOR THE STATES OF CALIFORNIA AND WASHINGTON:	15,000,000	SEE ATTACHED
FLOOD IN THE ANNUAL AGGREGATE FOR LOCATIONS EXCEPT:	100,000,000	SEE ATTACHED
ANY LOCATIONS WITHIN A 100 YEAR FLOOD PLAIN:	15,000,000	SEE ATTACHED
ANY LOCATIONS OUTSIDE A 100 YEAR FLOOD PLAIN BUT WITHIN A 500 YEAR FLOOD PLAIN:	25,000,000	SEE ATTACHED
NAMED STORM IN THE ANNUAL AGGREGATE EXCEPT:	250,000,000	SEE ATTACHED

REMARKS (Including Special Conditions)**SUBLIMITS CONTINUED:**

PROPERTIES LOCATED IN ZONE 1 FOR THE STATES OF CALIFORNIA AND WASHINGTON - LIMIT: \$100,000,000 - DEDUCTIBLE: SEE ATTACHED
PROPERTIES LOCATED IN ZONE 2 - LIMIT: \$150,000,000 - DEDUCTIBLE: SEE ATTACHED

TIME SPECIFICATIONS:

EARTH MOVEMENT OCCURRENCE: 168 HOURS
NAMED STORM OCCURRENCE: 72 HOURS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

ATL-001398186-21

NAME AND ADDRESS FLORIDA DEPT. OF CHILDREN & FAMILIES MENTAL HEALTH PROGRAM OFFICE ATTN: JOY NEVES-CHIEF SAMH, CONTRACT MGMT. 1317 WINEWOOD BOULEVARD, ROOM #234, BLDG. 6 TALLAHASSEE, FL 32399-0700	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc. BY: Eileen S. Yodanis <i>Eileen S. Yodanis</i>	

ADDITIONAL INFORMATION

ATL-001398186-21

DATE (MM/DD/YYYY)
03/01/2010

PRODUCER Marsh USA Inc. PO Box 459010 Sunrise, FL 33345-9010 712150-PROP--10-11 FL-SFE PROP	COMPANIES AFFORDING COVERAGE COMPANY COMPANY
INSURED THE GEO GROUP, INC. 621 N.W. 53RD STREET SUITE 700 BOCA RATON, FL 33487	COMPANY COMPANY

TEXT

####DEDUCTIBLES####

PROPERTY	LIMIT:
ALL OTHER PERILS - COMBINED COVERAGE PER OCCURRENCE EXCEPT:	\$100,000
CONTINGENT TIME ELEMENT :	
PER LOCATION AT EACH DIRECT DEPENDENT TIME ELEMENT LOCATION.	\$100,000
INDIRECT DEPENDENT TIME ELEMENT LOCATION AND ATTRACTION PROPERTY	
WHERE THE PHYSICAL LOSS OR DAMAGE OCCURS REGARDLESS OF ANY OTHER	
DEDUCTIBLES THAT MAY ALSO APPLY.	
EARTHQUAKE	
COMBINED COVERAGES PER OCCURRENCE EXCEPT:	\$250,000
LOCATIONS IN ZONE 1:	
LOCATIONS IN ZONE 1 - 5% OF THE TOTAL INSURABLE VALUE	
TIME ELEMENT - 5% OF THE FULL 12 MONTHS GROSS EARNINGS	
PROPERTY DAMAGE AND TIME ELEMENT PER OCCURRENCE, SUBJECT TO A MINIMUM OF:	\$250,000
LOCATIONS IN ZONE 2:	
LOCATIONS IN ZONE 2 - 2% OF THE TOTAL VALUE PER THE MOST CURRENT STATEMENT	
OF VALUES PER LOCATION	
TIME ELEMENT - 2% OF THE FULL 12 MONTHS GROSS EARNINGS	
PROPERTY DAMAGE AND TIME ELEMENT PER OCCURRENCE, SUBJECT TO A MINIMUM OF:	\$250,000
FLOOD	
COMBINED COVERAGES PER OCCURRENCE EXCEPT:	\$250,000
LOCATIONS WITHIN ANY PART OF A 100-YEAR FLOOD PLAIN	
PROPERTY DAMAGE AND TIME ELEMENT PER LOCATION:	\$1,500,000
****NAMED STORM****	
COMBINED COVERAGES PER OCCURRENCE EXCEPT:	\$100,000
LOCATIONS IN ZONE 1:	
LOCATIONS IN ZONE 1 - 5% OF THE TOTAL INSURABLE VALUE	
TIME ELEMENT - 5% OF THE FULL 12 MONTHS GROSS EARNINGS	
PROPERTY DAMAGE AND TIME ELEMENT PER OCCURRENCE, SUBJECT TO A MINIMUM OF:	\$250,000
LOCATIONS IN ZONE 2:	
LOCATIONS IN ZONE 2 - 2% OF THE TOTAL VALUE PER THE MOST CURRENT STATEMENT	
OF VALUES PER LOCATION	
TIME ELEMENT - 2% OF THE FULL 12 MONTHS GROSS EARNINGS	
PROPERTY DAMAGE AND TIME ELEMENT PER OCCURRENCE, SUBJECT TO A MINIMUM OF:	\$250,000
AS RESPECT TO LOCATION: 600 US HWY 27 S, SOUTH BAY, FL 33493:	
3% OF THE TOTAL VALUE PER THE MOST CURRENT STATEMENT OF VALUE	
TIME ELEMENT - 3% OF THE FULL 12 MONTHS GROSS EARNINGS	
PROPERTY DAMAGE AND TIME ELEMENT PER OCCURRENCE, SUBJECT TO A MINIMUM OF:	\$250,000

CERTIFICATE HOLDER

FLORIDA DEPT. OF CHILDREN & FAMILIES
 MENTAL HEALTH PROGRAM OFFICE
 ATTN: JOY NEVES-CHIEF SAMH, CONTRACT MGMT.
 1317 WINEWOOD BOULEVARD, ROOM #234, BLDG. 6
 TALLAHASSEE, FL 32399-0700

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc.
 Eileen S. Yodanis

Eileen S. Yodanis

ADDITIONAL INFORMATION

ATL-001398186-21

DATE (MM/DD/YYYY)
03/01/2010

PRODUCER Marsh USA Inc. PO Box 459010 Sunrise, FL 33345-9010 712150-PROP--10-11 FL-SFE PROP	COMPANIES AFFORDING COVERAGE COMPANY COMPANY
INSURED THE GEO GROUP, INC. 621 N.W. 53RD STREET SUITE 700 BOCA RATON, FL 33487	COMPANY COMPANY

TEXT

EXCESS EARTHQUAKE COVERAGE FOR THE STATES OF CALIFORNIA AND WASHINGTON:

SCHEDULE OF INSURERS:

CARRIER:	POLICY NUMBER:	POLICY PERIOD:	LIMITS (IN USD):
1) SHELTER RE	NSM30114	03/01/10 - 03/01/11	\$5,000,000 P/O OF \$55,000,000 XS OF \$15,000,000
2) ASPEN SPECIALTY INSURANCE COMPANY	PXA56D110	03/01/10 - 03/01/11	\$7,500,000 P/O OF \$55,000,000 XS OF \$15,000,000
3) MAX SPECIALTY	MAX3XP00043555	03/01/10 - 03/01/11	\$7,500,000 P/O OF \$55,000,000 XS OF \$15,000,000
4) WESTERN RE	RPX2010018	03/01/10 - 03/01/11	\$10,000,000 P/O OF \$55,000,000 XS OF \$15,000,000
5) ENDURANCE AMERICAN SPECIALTY INS. CO.	CPN1000195880	03/01/10 - 03/01/11	\$10,000,000 P/O OF \$55,000,000 XS OF \$15,000,000
6) AXIS SURPLUS LINES, INS. CO.	ELF746555-10	03/01/10 - 03/01/11	\$15,000,000 P/O OF \$55,000,000 XS OF \$15,000,000

CERTIFICATE HOLDER

FLORIDA DEPT. OF CHILDREN & FAMILIES
 MENTAL HEALTH PROGRAM OFFICE
 ATTN: JOY NEVES-CHIEF SAMH, CONTRACT MGMT.
 1317 WINEWOOD BOULEVARD, ROOM #234, BLDG. 6
 TALLAHASSEE, FL 32399-0700

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc.

Eileen S. Yodanis

Eileen S. Yodanis

GEO Articles of Incorporation

**ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION OF
ATLANTIC SHORES HEALTHCARE, INC.**

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act (the "FBCA"), Article I of the Articles of Incorporation of Atlantic Shores Healthcare, Inc., a Florida corporation (the "Corporation"), is amended in its entirety to read as follows:

ARTICLE I

The name of the Corporation shall be:

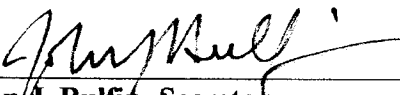
GEO Care, Inc.

Except as provided for above, the Articles of Incorporation of the Corporation, as previously in effect prior to the date of this amendment, shall remain unchanged.

The amendment made herein to the Articles of Incorporation of the Corporation was recommended to the sole shareholder of the Corporation by the Board of Directors and approved by the written consent of the sole shareholder of the Corporation and the directors of the Corporation on the date of these Articles of Amendment, in accordance with Sections 607.0704 and 607.1003 of the FBCA. These approvals are sufficient to approve the actions taken herein for purposes of the FBCA.

The foregoing amendment shall be effective as of the date of filing of these Articles of Amendment.

IN WITNESS WHEREOF, the undersigned officer of the Corporation has executed these Articles of Amendment on behalf of the Corporation as of this 18 day of August, 2005.



John J. Bulfin, Secretary
Atlantic Shores Healthcare, Inc.

**UNANIMOUS WRITTEN CONSENT
OF THE
BOARD OF DIRECTORS
OF
ATLANTIC SHORES HEALTHCARE, INC.**

The undersigned, constituting all of the members of the board of directors (the "Board of Directors") of **ATLANTIC SHORES HEALTHCARE, INC.**, a Florida corporation (the "Corporation"), do hereby consent to the corporate actions specified below and do hereby adopt, approve and ratify the following resolutions by unanimous written consent pursuant to the provisions of Section 607.0821 of the Florida Business Corporation Act in lieu of a special meeting of the Board of Directors:

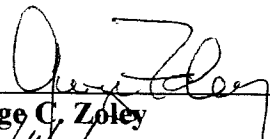
RESOLVED, that the Board of Directors of the Corporation hereby recommends to the sole shareholder of the Corporation (the "Sole Shareholder") that Article I of the Articles of Incorporation of the Corporation be amended to change the name of the Corporation to:

"GEO Care, Inc."; and it is further

RESOLVED, that, upon the approval by the Sole Shareholder of such amendment to the Articles of Incorporation of the Corporation, any and each of the Corporation's officers be, and they hereby are, authorized and directed to file with the Florida Secretary of State an amendment to the Corporation's Articles of Incorporation reflecting the foregoing resolution, and to take any and all other actions as they may deem necessary or appropriate in order to effectuate the change of the name of the Corporation.

IN WITNESS WHEREOF, the undersigned, constituting all of the directors of the Corporation, have executed this Unanimous Written Consent effective as of the date set forth below.

Dated: August 18, 2005



George C. Zoley



Wayne H. Calabrese



Jorge A. Dominicus

**UNANIMOUS WRITTEN CONSENT
OF THE SOLE SHAREHOLDER OF
ATLANTIC SHORES HEALTHCARE, INC.**


The undersigned, being the sole shareholder of Atlantic Shores Healthcare, Inc., a Florida corporation (the "Corporation"), does hereby consent to and adopts the following resolutions:

RESOLVED, that pursuant to Section 607.1003 of the Florida Business Corporation Act, Article I of the Articles of Incorporation of the Corporation is hereby amended to change the name of the Corporation to "GEO Care, Inc."; and it is further

RESOLVED, that the officers of the Corporation be, and each acting individually hereby is, authorized and empowered to take such other and further action as in the opinion of the officer acting, may be necessary, desirable or appropriate to effect the intent of the foregoing resolution.

Dated: August 18, 2005

THE GEO GROUP, INC.

By: 
Name: John J. Bulfin
Title: Senior Vice President and General Counsel

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0380

From: Rosa Wong, Paralegal
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

Dear Filing Officer:

Please file the attached Articles of Amendment to the Articles of Incorporation with today's date (8/18/05). Thank you.

RECEIVED

05 AUG 18 AM 8:00

DIVISION OF CORPORATIONS

BASIC AMENDMENT

ATLANTIC SHORES HEALTHCARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION OF
ATLANTIC SHORES HEALTHCARE, INC.**

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act (the "FBCA"), Article I of the Articles of Incorporation of Atlantic Shores Healthcare, Inc., a Florida corporation (the "Corporation"), is amended in its entirety to read as follows:

ARTICLE I

The name of the Corporation shall be:

GEO Carr, Inc.

Except as provided for above, the Articles of Incorporation of the Corporation, as previously in effect prior to the date of this amendment, shall remain unchanged.

The amendment made herein to the Articles of Incorporation of the Corporation was recommended to the sole shareholder of the Corporation by the Board of Directors and approved by the written consent of the sole shareholder of the Corporation and the directors of the Corporation on the date of these Articles of Amendment, in accordance with Sections 607.0704 and 607.1003 of the FBCA. These approvals are sufficient to approve the actions taken herein for purposes of the FBCA.

The foregoing amendment shall be effective as of the date of filing of these Articles of Amendment.

IN WITNESS WHEREOF, the undersigned officer of the Corporation has executed these Articles of Amendment on behalf of the Corporation as of this 18 day of August, 2005.



John A. Bulfin, Secretary
Atlantic Shores Healthcare, Inc.

FILED
05 AUG 18 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF INCORPORATION

OF

Atlantic Shores Healthcare, Inc.

97 APR 24 PM 4:32
FBI
SOUTH DAKOTA
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **Atlantic Shores Healthcare, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4200 Wackenhut Drive, #100, Palm Beach Gardens, FL 33410-4243.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred thousand (100,000) shares having a par value of (\$.01) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is James P. Rowan, c/o The Wackenhut Corporation, 4200 Wackenhut Dr., #100, Palm Beach Gardens, FL 33410-4243

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

Richard R. Wackenhut

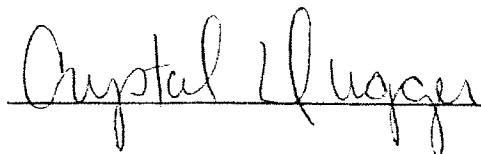
George C. Zoley

Wayne H. Calabrese

4200 Wackenhut Dr., #100, Palm Beach Gardens, FL 33410-4243.

The undersigned has executed these Articles of Incorporation this 24th day of April 1997.

"Capital Connection, Inc. by Crystal Dugger, Assistant Office Manager"

_____

GEO

History & Experience

TABLE OF CONTENTS

GEO Care: Residential Treatment Services.....	1
The GEO Group.....	4
Public-Private Partnerships	7
Innovations in Corrections	8
Mergers & Acquisitions.....	9
Organizational Capabilities.....	9
Design and Development	11
Accreditations.....	12
Previously Operated Facilities.....	13
Other Awards / Accreditations.....	14
Summary	15

GEO Care

GEO Care, Inc. (GEO Care) is the premier provider of residential treatment and mental health management services, behavioral health and special needs health care services, and community-based residential re-entry services to state and local government agencies. Established in 1997 as a subsidiary of The GEO Group, GEO Care offers high-quality, cost effective services, with state-of-the-art designs, innovative programs and evidence-based treatment approaches.

Our expertise includes:

Facility Operations

- Residential Treatment Services
- Community-Based Services
- Youth Services
- Correctional Healthcare Services

Facility Design

- Infrastructure Financing
- Turnkey Construction

GEO Care has been recognized for delivering high-quality care and effective treatment programs. A sample of our accomplishments are shown below:

- Doubled the number of hours of sex offender specific treatment for consenting residents at Florida's sexually violent predator civil commitment facility
- Completion of a new (2009) state-of-the art sexually violent predator civil commitment facility – cost for GEO to build and operate new facility is less per bed than state spent with previous private operator
- Increased the number of persons in sex offender treatment at Florida Civil Commitment Center by 101% from 173 consenting residents in 2006 to 389 participants in 2010
- GEO staff redesigned Florida's entire SVP clinical program to achieve evidence based, best practices while exceeding constitutional standards. On November 23, 2009, a United States District Judge approved a settlement and dismissed a class action lawsuit against the state with prejudice and without any form of continued court monitoring
- Operations at Florida's sexually violent predator facility were in need of emergency assistance in 2006 so GEO assumed operations in 17 days, including hiring 170 staff
- No other private vendor has assembled a similar team of world renowned sex offender experts to guide the development and implementation of a sex offender treatment program.
- Significantly reduced average length of stay for civil psychiatric patients while maintaining low recidivism rate
- Decreased number of days to restore competency for forensic patients
- Initiated C.I.T. training for security staff
- Constructing new state-of-the art facilities – cost for GEO Care to build and operate new facility is less per bed than state was previously spending
- Increased amount of treatment delivered to patients
- Virtually eliminated restraint/seclusion
- Introduced recovery culture using treatment mall approach
- Achieved and maintained Joint Commission accreditation
- Dramatically increased civil and forensic bed utilization rate
- Instituted evidenced-based programs in each of its facilities

RESIDENTIAL TREATMENT SERVICES

Initially formed as Atlantic Shores Healthcare, Inc. (ASH) on April 24, 1997, GEO Care, Inc., a wholly owned subsidiary of The GEO Group, is a premier provider of mental health, sex offender, and other special needs of healthcare services to state and local government agencies. On August 19, 2005, upon the filing of an amendment to The GEO Group's Articles of Incorporation with the Florida Secretary of State, GEO's wholly-owned subsidiary, Atlantic Shores Healthcare, Inc., changed its name to GEO Care, Inc. The new name enables GEO Care to leverage the organizational strengths, expertise, and brand recognition of the parent company, The GEO Group.

MISSION AND VISION

The mission of GEO Care is to optimize individual potential through caring partnerships. Our vision is to be the leader in providing specialized treatment centers of excellence across the continuum of public care. The formation of GEO Care is part of a planned program for diversification into businesses related to our core services and builds on our expertise in comprehensive health care, including alcohol and drug dependency services, group and individual therapy, as well as other institutional health care programs.

Services Offered

- **Sex Offender Treatment Services:** GEO Care designs programs to treat individuals who have been civilly committed and are predisposed to commit violent sexual acts that endanger the health and safety of others.
- **Civil Mental Health Services:** GEO Care provides civil psychiatric hospital services to severely and persistently mentally ill adults who are involuntarily committed when community treatment alternatives are no longer effective.
- **Geriatric Treatment Services:** GEO Care provides rehabilitation and acute psychiatric treatment to elderly individuals with serious and persistent mental illness.
- **Forensic Mental Health Services:** GEO Care provides mental health assessments and psychiatric rehabilitation to individuals who have been declared incompetent to proceed to trial (ITP) or not guilty by reason of insanity (NGI) by the state circuit courts.
- **Correctional Mental Health Services:** GEO Care's specialized correctional services are dedicated to meeting the needs of inmates who suffer from mental illness.
- **Community Based Services:** GEO Care is now a leading provider of community-based services to the Federal Bureau of Prisons and to a number of state corrections departments. GEO Care's Community-Based programs focus on transitioning offenders approaching release from a correctional facility back into society. Through education, employment training, treatment, monitoring and accountability, offenders receive the necessary tools to make positive life choices that can reduce their likelihood of re-entry into the correctional system. GEO Care now oversees nearly 2,700 beds in 21 community based facilities.
- **Youth Services:** GEO Care is also the leading provider in the Youth Services market. By using best practices GEO Care fosters personal growth and builds the life skills and competencies necessary for individuals to become responsible and productive members of society. Its programs include residential, detention, shelter care and community-based programs, along with educational, rehabilitation and treatment programs. Through its Youth Services Division, GEO Care oversees 1,800 youth beds spanning 17 residential facilities as well as additional non-residential programs.



Florida Civil Commitment Center (above)

- **Facility Design, Construction and Financing:** In conjunction with the services above, GEO Care can design, build and finance new state-of-the-art facilities to fit the customer's needs.



The Abraxas Academy provides intensive secure treatment for serious and habitual delinquent male offenders ages 12 to 18

MILESTONES

FLORIDA CIVIL COMMITMENT CENTER

On June 6, 2006, GEO/GEO Care received a notice of intent to award a contract from the state of Florida Department of Children and Families for the management and operation of the 680-bed Florida Civil Commitment Center located in Arcadia, Florida. Under the contract award, GEO/GEO Care was to assume management of the existing center under an operations agreement with an initial term of five years beginning January 1, 2007, and three five-year renewal option periods.

On June 15, 2006, an interim contract was signed with the state for GEO to assume management of the existing facility on July 1, 2006.

In addition, under the terms of a development contract, GEO/GEO Care constructed of a new 720-bed replacement facility in Arcadia, Florida. The sale of tax-exempt, government-sponsored bonds will finance the construction of the replacement facility, which will be leased to and ultimately owned by the State of Florida. GEO/GEO Care assumed operation of the new facility upon its completion in April 2009 under the terms of the operations contract.

ATLANTIC SHORES HOSPITAL

Atlantic Shores Hospital, a private psychiatric health care facility located in Ft. Lauderdale, Florida, was the first operating unit for GEO Care. Purchased in 1997, the hospital was sold on January 5, 2006.

SOUTH FLORIDA STATE HOSPITAL

In May 1998, GEO Care was selected by the Florida Department of Children and Families (DCF) to assume

operation of the 335-bed South Florida State Hospital (SFSH), a state psychiatric hospital located in Pembroke Pines. GEO Care's contract began in November 1998 with the operation of the existing facility. This contract also included the design, finance construction and operation of a new facility which was completed in December 2000. This represents one of the first comprehensive privatizations of a state psychiatric hospital in the United States. GEO Care's management and treatment programs resulted in the DCF exercising their renewal option on January 31, 2003 for an additional five years.

Implementing a New Recovery Culture at SFSH

- GEO Care's staff have been trained and integrated into the therapeutic process.
- Within the first two years of assuming operations, the average stay for residents dropped from more than 8 years to only 280 days.
- Re-admission after discharge has dropped to the lowest in South Florida State Hospital history and the waiting list for admissions to the hospital was eliminated, resulting from the fact that more clients are being served.
- Incidents that required restraint and seclusion have become so rare that rooms once used for this purpose are now "comfort rooms" used by residents for "voluntary" time-outs.
- Accreditation by The Joint Commission was contractually obligated to be achieved within 18 months—but was obtained within ten months of contract award.

In an article published in *Mental Health Weekly* (9/23/02), it was noted that the transformation of South Florida State Hospital has been considered such a success by advocates that the Florida Statewide Advocacy Council sent a letter to Florida Gov. Jeb Bush supporting the idea that the public/private model for psychiatric hospitals be replicated elsewhere in the state. The letter noted, "The dramatic improvement in outcomes stems from a change in philosophy at the hospital once GEO Care took over. They essentially changed the mission of the hospital from one of custodial care to one of very active treatment.



SOUTH FLORIDA EVALUATION & TREATMENT CENTER

On April 19, 2005, the State of Florida Department of Children and Families selected GEO Care for the management and operation of the existing 213-bed South Florida Evaluation and Treatment Center (SFETC) and for the finance, design, construction and operation of a new 238-bed replacement facility. The SFETC is a secure forensic psychiatric hospital that provides care for patients who have been determined by the criminal courts to need psychiatric services prior to continuing with the judicial process. It is the first privately managed forensic psychiatric hospital in the United States.

TREASURE COAST FORENSIC TREATMENT CENTER

GEO Care was awarded the contract to operate this center in February 2007 by the State of Florida Department of Children and Families. Operation of the 175-bed adult male secure mental health center began on April 1, 2007. The center received its first set of residents on April 2, 2007. In October 2008, the contract was amended to increase the number of resident beds to 198 with 25 flex beds.

Treasure Coast Forensic Treatment Center (TCFTC) is a forensic treatment facility providing for the safety, security, treatment and rehabilitation of patients, as well as ensuring the safety of the general public.

GEO Care's goal at TCFTC is to provide professional mental health care to prepare residents who are found

incompetent to proceed (ITPs) for trial and in addition, to treat those individuals declared not guilty by reason of insanity (NGIs) in a manner where the outcome reduces symptoms while diminishing their risk to society through aggressive mental health treatment.

PALM BEACH COUNTY JAIL COMPLEX

On April 19, 2006, GEO Care signed a contract with Armor Correctional Health Services, Inc. to provide mental healthcare services at the Palm Beach County Jail Complex in Florida. Armor has a contract with the Palm Beach County Sheriff's Office to provide healthcare services at the jail, including the mental healthcare services that GEO Care provides. The contract term is for 5 years beginning 05/01/06 and ending April 30, 2011.

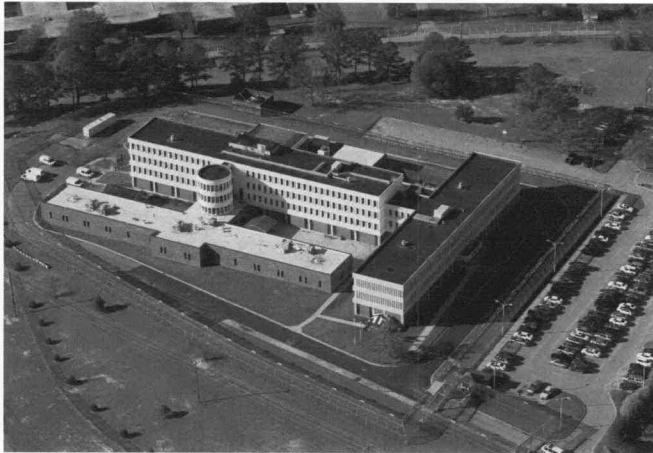
COLUMBIA REGIONAL CARE CENTER

On October 1, 2009, GEO Care, Inc. acquired Just Care, Inc./Columbia Regional Care Center (CRCC). The Columbia Regional Care Center (CRCC), in Columbia, South Carolina, is the only private detention healthcare facility in the United States. Accredited by the National Commission on Correctional Healthcare (NCCHC), Columbia Regional Care Center is a 374-bed facility offering sub-acute, skilled, intermediate and hospice care for conditions such as AIDS, cancer, cardiac disease, and kidney dialysis, mental health, and special needs programs for detainees. The Center serves state and federal agencies in South Carolina and throughout the U.S.

The acquisition allows GEO Care to expand its service delivery operations as well as to maintain and even improve its quality of services. Its new support base and increased resources will allow GEO Care to even better serve the needs of its clients.

The Columbia Regional Care Center was designed to provide detention healthcare. In addition to providing detention healthcare, CRCC also provides inpatient evaluation and treatment for individuals determined to be not competent to stand trial or not guilty by reason of insanity for the State of South Carolina. This distinct part of the CRCC which recently received Joint Commission Accreditation is operated in partnership with the SC

Department of Mental Health and Bryant Psychiatric Hospital.



Columbia Regional Care Center

CRCC offers a broad range of medical services including full-time primary physician care, 24-hour skilled nursing coverage and assistance with activities of daily living. CRCC offers acute, sub-acute, skilled care; intermediate and assisted care; geriatric and hospice care; pre and post operative care; oncology and primary care services for a wide range of common health conditions including, but not limited to AIDS, cancer, hepatitis, tuberculosis, pneumonia, cardiac disease, quadriplegia, kidney disease and traumatic brain/spinal cord injury. CRCC offers special needs services for detainees including a 20 station dialysis unit (to include a Hepatitis B isolation room), peritoneal dialysis, chemotherapy, enteral feeding, infusion services, tracheostomy care, physical therapy and ventilator care (life support).

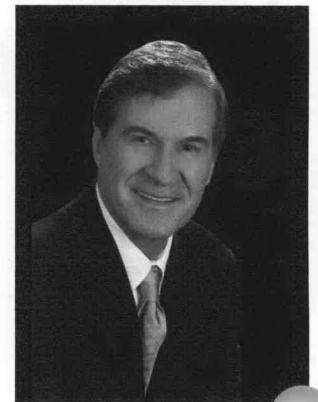
CRCC provides inpatient forensic and mental health treatment and evaluation services to include comprehensive assessments, evaluation and treatment of psychiatric disorders for individuals involved with the criminal court system for a wide range of mental illnesses and conditions. Mental Competency Studies and observation cases are provided by a licensed forensic psychiatrist for both federal and state courts. Detainees have a highly structured milieu and are encouraged to be fully involved in their treatment including treatment team meetings, group activities, education classes, life skills, and spiritual services. The Mental Health Department conducts supportive therapy groups each week. Education classes include GED preparation, computer

technology, English as a second language, basic reading and math skills.

The GEO Group is a world leader in the delivery of correctional and detention management, health and mental health services to federal, state and local government agencies around the globe. GEO offers a turnkey approach that includes design, construction, financing and operations. The Company represents government clients in the United States, Australia, South Africa, Cuba, Canada and the United Kingdom.

THE GEO GROUP

The GEO Group, Inc. (GEO), formerly WCC, was formed in 1984 as a division of The Wackenhut Corporation (TWC) and became a wholly-owned subsidiary in 1988, incorporated as Wackenhut Corrections Corporation (WCC). Prior to the inception of this new subsidiary in 1988, GEO's Chairman & CEO, George C. Zoley, (then Vice President of Wackenhut Services, Inc.), provided the leadership in developing and marketing The GEO Group's detention/correctional services to governmental agencies. Initial contracts awarded to The GEO Group in the mid-1980's clearly indicated there was a demand for these services. TWC placed its financial strength and considerable corporate resources behind its commitment to provide specialized professional services in the detention/correctional field and The GEO Group began its initial phase of strong industry growth.



*George C. Zoley
Chairman of the Board
Chief Executive Officer & Founder*

MISSION AND VISION

The GEO Group offers high-quality, cost-effective services in the areas of correctional and detention management and residential treatment through state-of-the-art designs, innovative programs, and groundbreaking treatment approaches.

GEO insists that each of its facilities be a model of modern correctional management and offender programs. We believe that while incarcerated, each offender must be given the greatest opportunity to

change his, or her, life. Through counseling, work opportunities, academic and vocational education, structured leisure programs, family values reorientation, substance abuse awareness and coping skills, aftercare structuring and victim restitution, each offender is given the chance to realize a successful future as a contributing member of a free society. While The GEO Group provides the appropriate rehabilitation services, emotional encouragement and other incentives, the burden falls on the offender to make use of this valuable opportunity and resources. Nonetheless, we see that the future of The GEO Group will be partially determined by its success in encouraging offenders to take full advantage of these rehabilitation services.

On the basis of quality of services, corporate resources, financial strength and general liability insurance protection, The GEO Group stands front and center as the premier provider of private sector detention/correctional management services, with a solid foundation in place for future growth and success.

MILESTONES

In July 1994, GEO made an initial public offering (IPO) of its shares and became a publicly traded company on the NASDAQ exchange. In 1996, the Company made a secondary offering of shares and was listed that same year on the New York Stock Exchange under the ticker symbol WHC (NYSE:WHC). Additionally, in April 1998, GEO was a co-registrant in the formation of Correctional Properties Trust (CPT), a New York Stock Exchange-listed company under the ticker symbol CPV (NYSE:CPV). CPT was formed as a real estate investment trust (REIT) to capitalize on the growing trend toward utilizing privately sourced capital in the privatized corrections industry. On December 20, 2005, CPT changed its name to CentraCore Properties Trust.

On May 8, 2002, GEO's then parent company, TWC, was acquired by the Danish security company, Group 4 Falck. The acquisition triggered a "change of control" clause in GEO's UK joint venture shareholders agreement that provided its joint venture partner the right to acquire GEO's one-half interest in the UK joint venture. This acquisition was completed on July 2, 2003, resulting in GEO's receipt of approximately \$80 million (pre-tax) for its joint venture interest.

In April 2003, GEO entered into an agreement to repurchase all 12 million shares of WCC common stock held by Group 4 Falck AIS, its 57 percent majority shareholder, for \$132 million. Repurchase of these shares was completed on July 9, 2003. The acquisition of TWC by Group 4 Falck in May 2002 opened up new opportunities for the future of GEO.

In April 2003, GEO's world headquarters moved from Palm Beach Gardens, Florida to Boca Raton, Florida. This physical separation heralded a new direction in our corporate operations.

In July 2003, GEO was placed on Florida Trend Magazine's Top 250 Public Companies and continues to hold this position today. This is an annually compiled list that highlights the largest publicly-traded, Florida-headquartered companies. The list represents a cross-section of leading firms in various industry sectors who are contributing to Florida's growing economic base.

On November 18, 2003, the shareholders approved the Company's name change from Wackenhut Corrections Corporation to GEO. This change became effective on November 25, 2003 upon the filing of an amendment to the Company's Articles of incorporation with the Secretary of State.

On January 21, 2004, GEO began trading on the New York Stock Exchange under its new name and new ticker symbol, GGI.

On December 1, 2004, GEO, Inc. established GEO UK Limited's Head Office near Reading, England to vigorously pursue new business opportunities in England, Scotland and Wales.

On April 19, 2005, the State of Florida Department of Children and Families selected GEO Care for the management and operation of the existing 200-bed South Florida Evaluation and Treatment Center (SFETC) and the construction and operation of a new replacement facility. It is the first privately managed forensic psychiatric facility in the country.

On July 14, 2005, GEO signed a definitive merger agreement to acquire Sarasota-based Correctional Services Corporation (CSC), thus adding 15 adult correctional facilities and another under development with a design capacity of approximately 8,000 beds to GEO's North American operations.

On August 19, 2005, upon the filing of an amendment to the GEO's Articles of incorporation with the Florida Secretary of State, GEO's wholly-owned subsidiary, Atlantic Shores Healthcare, Inc., changed its name to GEO Care, Inc. The new name enables GEO Care to leverage the organizational strengths, expertise, and brand recognition of the parent company, The GEO Group.

On November 4, 2005, the acquisition of CSC was completed. Post-closing, GEO had contracts and awards to manage 58 facilities with a total design capacity of approximately 48,000 beds, thus increasing GEO's correctional bed market share from 22 percent to 28 percent.

On March 14, 2006, GEO reestablished its presence in the United Kingdom. The UK Home Office, immigration and Nationality Directorate, awarded GEO UK Ltd a five year contract for the management and operation of the Campsfield House Immigration Removal Centre. On July 26, 2006, GEO's New York Stock Exchange ticker symbol was changed from GGI to GEO to further strengthen the company's corporate identity.

On September 20, 2006, GEO signed a definitive merger agreement to acquire CentraCore Properties Trust (CPT), a correctional and real estate investment trust.

On January 24, 2007, GEO closed on its acquisition of CentraCore Properties Trust (CPT), resulting in acquiring ownership in 13 correctional facilities totaling 8,671 beds, 11 of which are currently operated by GEO and total 7,545 beds. With this milestone, GEO's enterprise value now exceeded a billion dollars.

On October 4, 2007, GEO established an in-house transportation division, GEO Transport, Inc. (GTI) to help meet our customers' increasing need for secure

transportation services for offender and detainee populations.

On February 13, 2008, GEO reports fiscal year 2007 financial results with revenues of over \$1.0 billion for the first time in the Company's history. On September 30, 2009, GEO's wholly owned subsidiary GEO Care, Inc. acquired Just Care, Inc., a medical and mental health service provider with operations in Columbia, SC.

On October 15, 2009, GEO issued \$250 million of 7%% Senior Notes due 2017, using the proceeds to repay its existing \$150 million of 8%% Senior Notes due 2013 and to reduce borrowings outstanding under its senior credit facilities. The Company also increased its revolving line of credit to \$330 million from \$240 million.

On April 18, 2010, GEO signed a definitive merger agreement to acquire Houston-based Cornell Companies, a leading private provider of correctional services, residential treatment, community-based re-entry services and alternative education. On August 12, 2010, the merger was finalized and resulted in a combined company with approximately \$1.5 billion in annual revenues and approximately 78,000 beds under management, development and/or ownership.

On December 21, 2010, GEO signed a definitive agreement to acquire O.I. Incorporated ("OI"), a private provider of innovative compliance technologies, industry-leading monitoring services, and evidence-based supervision and treatment programs for community-based parolees, probationers, and pretrial defendants. OI will be integrated into GEO's wholly-owned subsidiary, GEO Care.



*The GEO Group World Headquarters
Boca Raton, FL*

PUBLIC - PRIVATE PARTNERSHIPS

The GEO Group is a world leader in the privatized development and/or management of correctional facilities with operations in the United States, Australia, South Africa, United Kingdom, Cuba and Canada. GEO is one of the largest publicly traded corrections management companies in the world and is expanding its talents by diversifying its services. In addition to these facility contracts, GEO has contracts in related fields such as Court Escort & Custody Services in Australia; correctional facility maintenance in Canada; and as a provider of primary health care services to public prisons in the State of Victoria, Australia.

Federal

GEO began its partnership with the Federal government in 1987 with the award of the Aurora ICE Processing Center for the Immigration and Customs Enforcement Agency. Since then, GEO has provided operations and management solutions for federal corrections/detention agencies in the United States. Following the acquisition of Cornell Companies, GEO is now the largest provider of correctional services to the federal government.

State

Since our first state contract with California in 1987, GEO has become a practical alternative solution for numerous state agencies across the nation in an effort to help ease budget deficits and overcrowding concerns. This is accomplished through GEO's provision of customized correctional solutions which includes, but is not limited to, private financing, in-state and out-of-state bed management, and fixed-fee contracting.

Local

Similar to our federal and state partnerships, local government correction agencies realize the same advantages when they partner with GEO. By participating in a collaborative partnership, GEO can not only provide relief to the local government's budget constraints and facility overcrowding, but stimulate the local economy; through job creation, payment of sales and/or property taxes, and ultimately a reallocation of budgetary capital. Another contract was awarded by ICE in August 2002 and was renewed in July 2003 for a period of five years to provide long-term residential transitional services for 250 non-criminal females at the Broward Transition Center in

Deerfield Beach, Florida. In December 2005 and again in January 2007, as a result of the impending increase in the ICE population, design capacity was increased by 300 beds, bringing the total to 600 beds for the housing of both male and female detainees. To further meet the population demands of ICE the facility is undergoing a third expansion bringing the facility to a new total capacity of 700 beds.

GEO ADDS ANOTHER STATE.

On July 23, 2010, GEO finalized contract negotiations and was awarded a contract by the Georgia Department of Corrections to design, build, finance and operate a 1,500-bed facility in Milledgeville, Georgia. The groundbreaking was conducted on August 31, 2010 and was attended by State and local officials as well as representatives from the Department of Corrections. As the key note speaker Georgia Governor Sonny Perdue indicated that a partnership between the state and the company likely reflects future state endeavors. "This is a great public, private partnership," Perdue said. "It is the future, I believe, the future of the economy ... of government's role in providing needed public safety without having to do it all ourselves."

OTHER PARTNERSHIPS

GEO takes an active corporate citizenship role within each community we call home. Each year, we support a variety of community development projects, local non-profits, and national charity organizations. Through these partnerships, GEO provides numerous economic and community enrichment possibilities that have become invaluable within the communities we serve.

On average, GEO invests over \$10 million dollars annually; in each local community; towards wages local contractors, supplies, taxes, and charitable contributions. This influx of capital has the ability to stimulate the economic makeup of a community through consumer spending, new business enterprises, and capital improvements.

From our corporate and regional offices to our facilities, GEO encourages volunteerism. Each GEO facility manages their philanthropic activities through a community outreach committee. This committee partners

with local non-profits and national chapter organizations to coordinate volunteer efforts and fundraising events. In addition to nationally known organizations, GEO supports the local community through scholarships and grants; Community improvement projects, such as park beautification and disaster recovery cleanup; and various other causes.

GEO AND 'TAKE STOCK IN CHILDREN' JOIN FORCES TO SERVE CHILDREN OF PRISONERS

On February 7, 2005, GEO joined forces with Take Stock in Children as a sponsoring partner of 'Children of Prisoners: Children of Promise,' a mentoring initiative serving children of incarcerated parents across the state of Florida. GEO has pledged a yearly contribution of \$100,000 to the initiative for the next five years. George C. Zoley, Chairman of the Board and Chief Executive Officer of GEO, also joined the Board of Directors of Take Stock in Children.

INNOVATIONS IN CORRECTIONS

The GEO Group prides itself in developing new and innovative approaches to corrections. In addition to providing a safe, secure and humane environment within the correctional facility, GEO continually demonstrates its ability to favorably impact recidivism rates.

GEO operates a Work Program Facility (male/female) for the Texas Department of Criminal Justice (TDCJ) in Lockhart, Texas. Recognizing the link between the lack of marketable job skills and the incidence of incarceration, GEO recruited private industry to establish factories within the facilities, train offenders in appropriate skills, and under the Federal Prison Industry Enhancement Program (PIE) certification, pay offenders for their labor. The Lockhart facility houses one of the largest PIE Programs in the country, employing more than 300 offenders.

Other Government Industry Programs are in operation at Allen Correctional Center in Louisiana, South Bay Correctional Facility in Florida, Guadalupe County and Lea County Correctional Facilities in New Mexico, and Lawton Correctional Facility in Oklahoma.

Recognizing the importance of faith-based programming, GEO established a residential faith based program in 1997 by partnering with the Gulf Coast Bible Institute to provide offenders in Mississippi with an opportunity to explore their faith and earn degrees.

At Kyle, Texas, GEO operated the 520-bed Kyle Correctional Center (formerly New Vision) for the TDCJ. Recognizing the relationship between chemical dependency and incarceration, GEO entered into a supplemental contract with TDCJ in 1993 to implement one of the world's largest in-prison therapeutic community chemical dependency treatment programs which GEO operated for approximately 12 years. Currently, GEO operates therapeutic communities in Oklahoma, Texas, Mississippi, New Mexico, Virginia, Florida and North Carolina.

GED and college level courses, academic classes from special education to post secondary courses, substance abuse and vocational training programs are also offered at these facilities. Inmates receive life skills counseling and are exposed to a full-range of programs and activities that help them succeed in their re-entry into society. Although technically complex to develop and administer, these types of programs offer the best opportunity to impact recidivism.

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Mergers and Acquisitions

On November 4, 2005, GEO completed the acquisition of Sarasota-based Correctional Services Corporate (CSC). With this acquisition GEO 16 facilities in six states with more than 8,000 beds and approximately 1,400 new employees became a part of the company's North American operations.

GEO acquired CentraCore Properties Trust (CPT), a correctional and real estate investment trust, on January 24, 2007, resulting in GEO acquiring ownership of 13 correctional facilities totaling 8,671 beds, eleven of which GEO operated.

On September 30, 2009, GEO's wholly owned subsidiary GEO Care, Inc. acquired Just Care, Inc., a medical and mental health service provider with operations in Columbia, SC.

On April 18, 2010, GEO signed a definitive merger agreement to acquire Houston-based Cornell Companies, a leading private provider of correctional services,

residential treatment, community-based re-entry services and alternative education. On August 12, 2010, the merger was finalized and resulted in a combined company with approximately \$1.5 billion in annual revenues and approximately 78,000 beds under management, development and/or ownership. As part of the merger Cornell's adult secure facilities were integrated into our GEO's US Corrections regional structure, and Cornell's adult community-based re-entry and Abraxas divisions have united with the GEO Care unit in providing an unparalleled quality and level of treatment-focused behavioral services.



Organizational Capabilities

To maintain a smooth, effective and successful operation, GEO is organized into the following operating divisions and support systems:

- Executive U.S. Corrections/Operations
 - Contract Compliance
 - Risk Management
 - Correctional Food Services
- International Services
- Operations
- Legal
- Human Resources
- Design Services and Facility Maintenance
- Business Management
- Information Systems
- Business/Proposal Development
- GEO Care: Residential Treatment Services

- OPERATIONS division is responsible for ensuring adherence to the operational standards of the various management contracts and professional and governmental commissions and/or regulatory agencies, as well as setting and monitoring the operational policies and procedures of The GEO Group. Operational responsibilities include training and administration of all personnel, purchasing of supplies and contract services, and development of educational, vocational, counseling, and life skill offender programs. The following departments ensure operational excellence and client satisfaction.



- EXECUTIVE division is responsible for the growth, success and financial stability of the corporation. Senior Staff represent each division and are the most seasoned, professional leadership team in the private corrections industry.

- **CONTRACT COMPLIANCE** is responsible for monitoring all operations to ensure compliance with the various standards and contractual requirements for each agreement. Responsibilities include the development of both corporate and contract-specific policies and procedures manuals. This department is the primary contact with the client appointed liaison on all policy and contract issues. The department also monitors EEO and affirmative action, as well as the Quality Control Program.

- **RISK MANAGEMENT** is responsible for the workers compensation program and for assessing and securing the insurance needs of the entire company. This branch works directly with the entire operations team to minimize employee injuries and to ensure that at all GEO facilities there is a safe and functional working environment which is compliant with all statutory and regulatory requirements. Risk Management has direct oversight and responsibility for processing and managing workers compensation claims and provides direct support to the field.

- **FOOD SERVICE** is responsible for the provision of quality meals to all offenders in strict accordance with regulatory, client, and nutritional requirements.

Institutional food service responsibilities include the hiring and training of staff, monitoring of food operations, purchasing of food and supplies, and maintenance of equipment, as well as adherence to all applicable safety and nutritional standards and codes.

- **INTERNATIONAL SERVICES** provides a corporate level oversight of international operations conducted in Australia, South Africa, Canada and the United Kingdom. Expanding resources and aggressive efforts focus on new global business opportunities.



- **LEGAL** division provides advice and counsel on all legal issues involved in company operations. This includes litigated matters as well as employment and workers compensation issues. This division oversees the Office of Professional Responsibility. The General Counsel acts as secretary of the corporation and is responsible for recording the minutes of all Board of Directors and Shareholders meetings.

DESIGN & DEVELOPMENT

The GEO Group has been involved in the design, construction and management of correctional facilities since its inception. Over the past 16 years, GEO's in-house design and development team has been the developer of correctional facility construction projects valued in excess of \$2 billion

Recognized both in the United States and abroad as the premier correctional development and management company for producing correctional facilities, our reputation has been earned through dedication to a management philosophy that emphasizes security, functionality, durability, and cost effectiveness as our prime objectives.

GEO's years of correctional facility development experience have shown that in order to provide the client agency with the most efficient life-cycle cost, the facility operator must be actively involved in the design and construction phase of the facility. Since the beginning, GEO has included a team of correctional experts from security services, medical services, food services, inmate programs, facility maintenance and information technology in the design team. This team stays involved in all phases of the design from conceptual design through final development. In selecting The GEO Group as the project manager/owner's representative for a design, build, finance and operate project, the client is assured of a single point of contact for all issues.

The GEO Group has an impressive record of constructing correctional facilities on time and within budget. We have never exceeded the originally authorized contract price for any construction project.

The best evidence of The GEO Group's ability to perform is to examine our history. Another indicator of our reputation for innovative design in this field is evidenced by the ever-increasing requests for tours of our facilities by correctional experts and public leaders from throughout the world.

GEO BRINGS TO EACH CONSTRUCTION PROJECT:

- A highly experienced and professional team of design and construction experts;

- The latest facility designs, field tested by GEO for their operational efficiency, effectiveness, security and safety;
- Cutting edge design and construction techniques designed to "fast track" construction projects;
- A world-wide system of construction materials suppliers.



The 1,862-bed South Bay Correctional Facility is one of GEO's many design/build/finance/operate projects. The facility, under contract with the state of Florida, has recently undergone a 544-bed expansion.



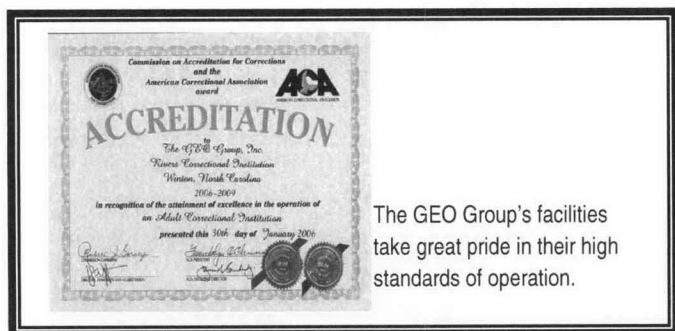
The Kutama Sinthumule Correctional Centre in Louis Trichardt, Northern Province in South Africa is a 3,024 bed maximum security prison for adult males that was a very successful GEO design team project.

ACCREDITATIONS

The best evidence of GEO's ability to perform is to examine our history. The GEO Group subscribes to operational standards promulgated by a number of different certifying groups and opens its facilities to inspection and accreditation by these associations, commissions and councils. This accreditation serves as additional protection for the client agency against claims and litigation.

As a matter of corporate policy, GEO facilities are designed and operated in general accordance with the recommendations of the following organizations:

- American Correctional Association (ACA)
- International Organization for Standardizations (ISO)
- National Commission on Correctional Health Care (NCCHC)
- The Joint Commission
- Australian Council of Health Care Standards (ACHS)
- National Safety Council of Australia (NSCA)
- Southern Association of Colleges & Schools (SACS)
- Correctional Education Association (CEA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- The standards of the client agency



The following GEO facilities are currently accredited by the American Correctional Association (ACA):

- Allen Correctional Center, Kinder, LA
- Arizona State Prison-Phoenix West, Phoenix, AZ
- Aurora ICE Processing Center, Aurora, CO
- Broward Transition Center, Deerfield Beach, FL
- Cleveland Correctional Center, Cleveland, TX
- East Mississippi Correctional Facility, Meridian, MS

- George W. Hill Correctional Facility, Thornton, PA
- Graceville County Correctional Facility, Thornton, PA
- Guadalupe County Correctional Facility, Graceville, FL
- Lawrenceville Correctional Center, Lawrenceville, VA
- Lawton Correctional Facility, Lawton, OK
- Lea County Correctional Facility, Hobbs, NM
- Lockhart Secure Work Program Facility, Lockhart, TX
- Marshall County Correctional Facility, Holly Springs, MS
- New Castle Correctional Facility, New Castle, IN
- Northwest Detention Center, Tacoma, WA
- Queens Private Correctional Facility, Jamaica, NY
- Rivers Correctional Institution, Winton, NC
- South Bay Correctional Facility, South Bay, FL
- Western Region Detention Facility, San Diego, CA

The following GEO facilities are currently NCCHC, CARF, The Joint Commission or ACHS accredited:

- Aurora ICE Processing Center, Aurora, CO
- Florida Civil Commitment Center, Arcadia, FL
- Fulham Correctional Centre, Victoria, Australia
- GEO Group Australia, Sydney, Australia
- George W. Hill Correctional Facility, Thornton, PA
- Guadalupe County Correctional Facility, Santa Rosa, NM
- Northwest Detention Center, Tacoma, WA
- Queens Detention Facility, Jamaica, NY
- Rivers Correctional Institution, Winton, NC
- South Florida Evaluation & Treatment Center, Miami, FL
- South Florida State Hospital, Pembroke Pines, FL
- Western Region Detention Facility, San Diego, CA
- Treasure Coast Forensic Treatment Center, Indiantown, FL

GEO Group Australia and the Fulham Correctional Centre in Victoria achieved accreditation from the Australian Council of Health Care Standards (ACHS) on June 24, 1999. In November 2002 and again in 2006, they were both reaccredited for an additional four years. The ACHS is the Australian counterpart to The Joint Commission. The award is normally given to large public and private hospitals and is the quality standard by which

health care is controlled. The criteria for accreditation measures increased efficiency of health services delivery, greater organizational effectiveness, better overall health protection for inmates, reduced risk of liability related to health services, as well as greater cost effectiveness and overall health protection for staff and the community. This is a major achievement following two years of development work and is, in itself, a reflection of the standard of our services and of the commitment and quality of staff whom we employ. The GEO Group has facilities on three continents that have attained accreditation from the International Organization of Standardizations (ISO).

AUSTRALIA

- GEO Group Australia's Head Office, Sydney
- GEO Group Australia Detention Services Head Office, Sydney
- Arthur Gorrie Remand and Reception Centre, Queensland
- Fulham Correctional Centre, Victoria
- Junee Correctional Centre, Junee, NSW
- **Melbourne Custody Centre, NSW**
- **Pacific Shores Healthcare, Victoria**

REPUBLIC OF SOUTH AFRICA

- Kutama Sinthumule Correctional Centre, Louis Trichardt

PREVIOUSLY OPERATED FACILITIES:

NEW ZEALAND

- Auckland Central Remand Prison, Auckland

AUSTRALIA

(Department of Immigration & Multicultural & Indigenous Affairs)

- Baxter, South Australia
- Maribyrnong, Victoria
- Perth, Western Australia
- Port Hedland, Western Australia
- Villawood, New South Wales

In August 2003, the Kutama Sinthumule Correctional Centre in South Africa became the first prison in the country and the continent of Africa to obtain the International Standard Organization 9001:2000 certification from the South African Bureau of Standards. The centre continues to maintain its ISO certification.

The GEO Group's wholly-owned subsidiary, GEO Group Australia, has attained quite an impressive record in the country. In December 2000, the Arthur Gorrie Correctional Centre in Brisbane, Queensland, was awarded the 5 Star Grading by the National Safety Council of Australia Ltd. (NSCA). This achievement is a first for corrections in the state of Queensland and follows on the heels of our 5 Star award in August 2000 at the Junee Correctional Centre which was the first such award in the state of New South Wales AND the first correctional centre in Australia to be so recognized. In June 1999, the maximum three year accreditation was awarded to Fulham Correctional Centre in Fulham, Victoria. They received the highest 5 Star grading in September 2003. This achievement, supported by ISO 9000, demonstrates the commitment to quality and health and safety management systems. These facilities continue to maintain their accreditations and high levels of performance.

The Melbourne Custody Centre in Melbourne, Victoria, Australia was approved on April 2, 2004 by Lloyd's Register Quality Assurance Limited to the Safety MAP 4th Edition-Advanced Level. The Safety Management System recognizes management of the safety, security and welfare of prisoners housed and the escorting of prisoners to and from court and guarding prisoners during court appearances.

The previously GEO-operated Auckland Central Remand Prison in Auckland, New Zealand became the first and only prison in New Zealand to have its Health Services accredited by Quality Health New Zealand.

The Arthur Gorrie Remand and Reception Centre in Brisbane, Queensland, Australia has achieved Hazard Analysis Critical Control Points (HCCAP) accreditation for the last two years, meeting ISO 9002 requirements on both occasions.

OTHER AWARDS / ACCREDITATIONS:

The Southern Association of Colleges and Schools (SACS) accredits more than 12,000 public and private institutions in 11 states of the Southeastern U.S. and in Latin America. Member institutions regularly perform comprehensive self-evaluations to assist them in planning for improvement and to assure the public of their overall quality. SACS is one of only six such regional accrediting organizations in the United States recognized by the U.S. Department of Education.

The educational programs at the following GEO Group's facilities are currently certified by SACS:

- Bridgeport Correctional Center
- Cleveland Correctional Center
- Lawrenceville Correctional Center
- Lockhart Secure Work Program Facility
- South Bay Correctional Facility

The Lawton Correctional Facility in Lawton, Oklahoma became the first adult private correctional facility in the world to be accredited by the Correctional Education Association (CEA), the largest international educational accreditation organization. The certification covers both academic and vocational programs at the facility for a three year period when re-accreditation will be sought.

Outstanding Accomplishments in the United Kingdom in previously operated facilities:

On July 2, 2003, The GEO Group completed the sale of its 50% interest in Premier Custodial Group Limited (PCGL) to its former joint venture partner in the United Kingdom, Serco Investments Limited. Prior to the sale, The GEO Group and Serco (PCGL) managed operations in the UK that achieved the following accreditations and honors:

BUTLER TRUST AWARD

The Butler Trust, through its annual award scheme and development program, helps to develop effective care for prisoners. Its objectives are to identify and promote excellence and innovations by prison staff, develop best practice in the care of prisoners, and provide professional and personal development opportunities. The Princess Royal, Princess Anne is patron of the Butler Trust.

BRITISH SAFETY COUNCIL'S SWORD OF HONOUR

From a universe of 200 other companies worldwide, HMI & YOI Doncaster was recognized by an independent award panel as one of the 40 companies that effectively promoted best practices, significantly reduced accidents in the workplace, and increased productivity and profitability. The Council commendation of HMP Doncaster stated, "If every business followed your lead, the country could halve the £18 billion cost of poor safety in five years by cutting injuries, ill health, compensation, fines, closures and court cases." The BSC is one of the world's leading workplace safety organizations and has also honored HM Prison Lowdham Grange. Both institutions were also presented with the Council's Five Star Safety Award.

CHARTER MARK

The Charter Mark is the Government's award for recognizing, and encouraging excellence in the delivery of public services. To qualify for the Charter Mark, one has to prove that it is raising the standard of public sector services through a sharp focus on such issues as: information and opens; choice and consultation; courtesy and helpfulness; problem resolution; value for money, and independent validation. HMP Doncaster facility has been recognized with the Charter Mark commendation.

INTERNATIONAL ORGANIZATION FOR STANDARDIZATION

In July 1999, HM Prison and Young Offender Institution in Doncaster, England achieved ISO 9002 certification. The facility retained this accreditation in 2002 without any recorded non-compliances against the standard. In addition to this honor, the Doncaster facility became the first privatized prison in the world to receive the ISO 14001 Environmental Management Systems (EMS) Award in July 2001. The goal of ISO 1400 is to promote environmental stewardship among companies around the world by encouraging them to use a consistent, documented environmental management system that drives organizational development and makes environmental considerations part of every employees' job. In October 2001, Doncaster was further recognized when it was named a Government Beacon of Good Practice and Innovation. The designation of "Beacon" indicates that a company has a solid track record for delivering high-quality public service, that it plays a key

role in spreading its "best practices" to the public sector, and that it serves as a shining example for other organizations.

INVESTORS IN PEOPLE

Investors in People is the national standard that seeks to improve an organization's performance and secure competitive advantages by focusing on the people within the organization. The standard was developed during 1990 by the National Training Task Force, in partnership

with leading national business, personnel, professional and employee organizations, and it applies to businesses of all sizes and in all sectors. Investors in People utilizes a planned approach to identifying and communicating business goals, and to developing people to meet these goals, resulting in a capable, motivated workforce that can fulfill an organization's needs precisely. The HM Prison & YOI Doncaster, Loudham Grange and Court Escort and Custody Services have both been recognized by Investors in People.

Summary

All levels of government (federal, state and local) are being pressured by court orders to relieve prison overcrowding and by public opinion to impose longer sentences and resist early release programs based on insufficient bed space. Limited financial resources and resistance to tax increases compound this dilemma. GEO offers residential treatment facilities, as well as detention/correctional facilities, as a viable solution.

As a contractor in a competitive arena, GEO's cadre of professionals are motivated to find cost effective and innovative approaches and also provide the highest quality service possible. GEO manages all levels of secure facilities.

As an integral part of any residential treatment and correctional program, GEO is developing an expanding reputation as a provider of quality basic sex offender programs, education programs, vocational training, substance abuse counseling, mental health counseling and job seeking skills. Its operation of residential treatment and detention/correctional facilities also includes food services, medical care, building and grounds maintenance, transportation and full logistical support.

As public administrators become increasingly supportive of efforts by the private sector to assume tasks traditionally performed by government bodies, GEO will be in the forefront, providing leadership and innovation to this expanding service industry.

GEO brings to the marketplace an extraordinary reservoir of knowledge and expertise, unparalleled in the industry and well prepared for the challenges of the future.

**GEO
Certification
Regarding
Debarment**



CERTIFICATION REGARDING DEBARMENT

1. The proposer certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently under active criminal investigation, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal, state, or local department or agency;
 - b. Have not within a three year period preceding this proposal been convicted or had civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transaction; and have not been convicted of any violation of federal or state anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph 1) b) of this certification; and
 - d. Have not within a three year period preceding this proposal had one or more public transactions (federal, state, or local) terminated for cause or default.
2. Where the proposer is unable to certify to any of the statements in this certification, such proposer shall attach an explanation to the proposal.

The undersigned makes the foregoing statements to be filed with the proposal submitted on behalf of the proposer for an unsolicited proposal to the Virginia Department of Behavioral Health & Developmental Services under the Public-Private Education Facilities and Infrastructure Act of 2002 as Amended January 17, 2008.

Signature

02-01-11
Date

VICE PRESIDENT CORPORATE COUNSEL
Title

GEO Care, Inc.
Name of Firm

GEO

Performance Reports

GEO respectfully requests that information contained in this section be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to it containing Trade Secret information.



enhancing PEOPLE'S LIVES

February 9, 2010

Tim Budz
Facility Administrator
GEO Group at Florida Civil Commitment Center
13619 Southeast Highway 70
Arcadia, FL 34266

Dear Mr. Budz:

It is my pleasure to inform you that GEO Group at Florida Civil Commitment Center has been accredited by CARF for a period of three years for the following programs:

Inpatient Treatment: Mental Health (Adults)
Residential Treatment: Mental Health (Adults)

This accreditation will extend through January 2013. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of this award to your referral and funding sources, the media, and local and federal government officials will promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

The survey report is intended to support a continuation of the quality improvement of your programs. It contains comments on your organization's strengths as well as suggestions and recommendations. A quality improvement plan demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the QIP have been posted on Customer Connect, our secure, dedicated website for accredited organizations and organizations seeking accreditation. E-mail notification was previously sent to your organization letting you know that these documents have been posted. Please submit this report to the attention of the customer service unit Administrative Coordinator.

Your Certificate of Accreditation is being sent under separate cover. Please note that you may use the enclosed form to order additional copies of the certificate.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from a Resource Specialist in your customer service unit by calling extension 151.

CARF INTERNATIONAL
4891 East Grant Road
Tucson, AZ 85712 USA
Toll-free: TTY 888 281 6531 ■ Fax 520 318 1129
www.carf.org

CARF-CCAC
1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009
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CARF CANADA
10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Tel 780 429 2538 ■ Fax 780 426 7274
www.carfcanada.ca

CONFIDENTIAL



State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

July 19, 2010

Genna Marx, Director of Contract Compliance
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Ms. Marx:

The Florida Department of Children and Families (Department) conducted a Programmatic Contract Monitoring Review and Facilities Management Review of the Florida Civil Commitment Center (FCCC) on February 16th – 19th of this year. The review period encompassed dates of service from May 1, 2009 through January 31, 2010. Department staff from the Program Team, the Facilities Management Team and the Clinical Team participated in the monitoring review.

The enclosed monitoring report consists of a summary, resident and facility monitoring tools containing specific details concerning those areas and a summary of the clinical review. Only those residential files from the sample that were applicable to the performance requirement being reviewed were included in the scoring methodology. If an item on the attached monitoring tools fell below 90% compliance, that item will be indicated as an **"Opportunity for Improvement"** and does not require a formal Corrective Action Plan (CAP). Items that fell below 85% compliance will require a formal CAP. Those items are identified by stating **"Corrective Action Plan Required"** in the monitoring tools. The CAPs for each indicated item are required to be submitted to the Department by close of business August 27, 2010. All CAP items will be reviewed during the next on-site monitoring to ensure improvement has been made and/or that the CAP was implemented.

The Department would like to thank you and the FCCC staff for your continued efforts in providing quality services to the people of Florida. If you or members of your staff have any questions regarding the report or the items that require corrective action, please do not hesitate to contact me at (850) 921-0547.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Dichio', is written over a horizontal line.

Frank Dichio
Privatized Facilities Contract Manager

cc: Katharine V. Lyon, Ph.D., DCF Director, Mental Health Program Office
Sally Cunningham, MSW, DCF Chief, Mental Health Treatment Facilities
Joy Neves, DCF Chief, Substance Abuse and Mental Health Contracts
Dale Frick, Vice President, GEO Care, Inc.
Tim Budz, FCCC Facility Administrator

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

CONFIDENTIAL

Florida Civil Commitment Center, Contract #LI702
February 16th – 19th, 2010

On-Site Monitoring Report Summary

Monitoring Team Members: Joy Neves, Chief SAMH Contracts; Suzonne M. Kline, Psy.D., SVP Program Director, Tarha Sondesky, Contract Manager; Casey Jones, Facilities; Gary Thompson, Contract Liaison

This summary incorporates the Programmatic Resident File Review, the Facilities Management Review, and a Canupp and clinical review.

Programmatic Resident File Review

A total of 25 resident files were reviewed including detainees, committed non-consenting, committed consenting and discharged residents. The monitoring review period covered from May 1, 2009 – January 31, 2010. If a resident in the sample has resided at the facility for more than one year, a rating score of "NA" was given if the action would not have occurred during the review period.

Facilities Management Review

FCCC has improved the management of the maintenance and security systems as well as the fire safety systems and hazardous materials storage. Progress has been made toward resolving construction deficiencies, but some deficiencies still exist. Areas of concern include the management of bio-hazardous waste, cleanliness of residential showers and submission of all security related policies and procedures to the program office for review.

Canupp and Clinical Review

FCCC's performance related to the Canupp settlement agreement and special review follow-up along with the following three high exposure clinical areas were reviewed in detail: Behavior Management, Crisis Intervention and Suicide Prevention (CISP) and Restraint/Seclusion monitoring. The Behavioral Management program strengths include the behavior management review committee, the practices used during hearings, and the clinical judgment/discretion used by staff. However, a major weakness is the lack of consistent documentation in general. Documentation and communication of CISP events were not consistently implemented either. The facility should be commended for their overall daily management of residents' behavior resulting in the low number of incidents requiring seclusion or restraints. Please see the attached summary of the clinical review for more specific feedback and recommendations.



Florida Civil Commitment Center
Canupp – Special Review Follow-Up Monitoring
Contract # LI702
February 16-19, 2010

Monitoring Reviewer Name:	Suzonne M. Kline, Psy D., Director, Sexually Violent Predator Program Gary Thompson, DCF Contract Liaison
Date:	February 15 - 19

Performance Indicator		Rating			Notes and Comments
		Yes	No	NA	
1	NEFSH has reviewed a total of fourteen (14) resident files. All information has been sent back to the FCCC for review and follow-up action. Review two cases to see if the Treatment Team has incorporated feedback into residents' treatment plans. Canupp Action Plan Item #1	X			Reviewed two (2) cases (residents Olivera and Mr. Crapps) and met with Tx Team on Residential Mental Health Unit. Team reports positive results since implementing NEFSH review and has incorporated NEFSH recommendations into residents' tx plans. Outside consultation has been helpful in clarifying issues related to the Baker Act (i.e., right to refuse tx) as well as medications. One resident () has reportedly shown notable clinical improvement.
2	FCCC created a policy/process for identifying and notifying courts of about residents who are not restorable for purpose of competency to proceed. FCCC updated their policy and stated that the court would be notified within 10 working days of a finding of non-restorability. The Clinical Director was to meet with the competency restoration team on a monthly basis to review resident status and ensure reports are being submitted timely. Canupp Action Plan Item #3	X			Dr. Kline with Clinical Director (Dr. Robin Wilson) Per Dr. Wilson, no additional resident has been found unrestorable since implementation of Policy ADM-13 "Competency Evaluation and Training." Per Action Plan, Clinical Director meets monthly with competency restoration team to review cases. Copy of team meeting/documentation attached.

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	Performance Indicator	Rating			Notes and Comments
		Yes	No	NA	
	<p>month to see if there has been a decrease. 4. Also see question #11 of this tool.</p> <p>Special Review Follow-Up</p>				based on staff interviews and the review of documents other than the tracking log.
5	<p>New doctors being hired are not provided the formulary.</p> <p>1. Need to determine if there are any new doctors at FCCC since the special review. 2. If so. Interview them to determine if they had access to the formulary and when they received it.</p> <p>Special Review Follow-Up</p>	X			The new physician was interviewed and reported that he had received the formulary, the first day of employment.
6	<p>Psychiatric Nursing Care Plans – There was an issue of not having the plans for the CCU. Plans were to be developed that included not only psychiatric issues, but also medical issues.</p> <p>Pull resident files and review to see if they have a nursing care plan that includes both psychiatric and medical issues.</p> <p>Resident Files to pull: Jack Andrews – admitted 8/20/09 to CCU Tommy Lindsey - admitted 10/07/09 to CCU May also want to use the same residents that you are reviewing in item #1 of this tool to see if they have a plan as well.</p> <p>Special Review Follow-Up</p>	*			*Psychiatric Nursing Care Plans – Plans are available. The plans with the psychiatric issues are filed or are in the process of being filed. However the plans maintaining the medical issues are kept separately in the Medical Office This was verified through a review of several resident files.
7	<p>Lack of attendance at therapeutic group hours and attendance.</p> <p>1. Mental Health residents attended an average of 7.9 hours per week. 2. Check for current average hours. 3. They also say they've started using financial incentives with MH patients (25 cents per group) for attendance and participation.</p> <p>Special Review Follow-Up</p>	X			<p>Group attendance on the mental health unit is excellent (average = 13.9). Incentive program in place and running successfully. Average treatment hours as follows:</p> <p>February 13-19 12.7hours February 6-12 14.3hours January 30-February 5 13.8hours January 23-29 14.2hours January 16-22 13.3hours January 9-15 13.9hours January 2-8 14.2hours</p>

Performance Indicator		Rating			Notes and Comments																																				
Yes	No	NA																																							
					December 26-January 1 13.7hours December 19-December 25 14.1hours December 12-December 18 14.6hours December 5-December 11 14.5hours November 28-December 4 13.3hours Total average for 3 months 13.9hours																																				
8	<p>There was an issue on a specific date that there was only one nurse in the entire facility.</p> <p>1. Pick a day and ask to see the schedule of all nurses who were on duty.</p> <p>2. Then pull their time sheets for that day to verify that they worked.</p> <p>3. Below is the number of medical staff that should be on duty as required by contract.</p> <table><tr><th colspan="4">Medical Staff</th></tr><tr><th></th><th>Non-shift</th><th>Shift 1</th><th>Shift 2 3</th></tr><tr><td>Health Services Administrator</td><td>1.00</td><td></td><td></td></tr><tr><td>Medical Services Director</td><td>1.00</td><td></td><td></td></tr><tr><td>Nurse Practitioner/PA</td><td>1.00</td><td></td><td></td></tr><tr><td>Registered Nurse</td><td></td><td>1.00</td><td>1.00 1.00</td></tr><tr><td>Psychiatric Registered Nurse</td><td>1.00</td><td></td><td></td></tr><tr><td>Licensed Practical Nurse</td><td></td><td>1.00</td><td>1.00 1.00</td></tr><tr><td>Licensed Practical Nurse</td><td>1.00</td><td></td><td></td></tr></table> <p>Special Review Follow-Up</p>	Medical Staff					Non-shift	Shift 1	Shift 2 3	Health Services Administrator	1.00			Medical Services Director	1.00			Nurse Practitioner/PA	1.00			Registered Nurse		1.00	1.00 1.00	Psychiatric Registered Nurse	1.00			Licensed Practical Nurse		1.00	1.00 1.00	Licensed Practical Nurse	1.00			X X X			The issue reported was a unique event. Nurse schedules and reported work times were verified with the facility time data base. Medical staff attendance met contractual requirements.
Medical Staff																																									
	Non-shift	Shift 1	Shift 2 3																																						
Health Services Administrator	1.00																																								
Medical Services Director	1.00																																								
Nurse Practitioner/PA	1.00																																								
Registered Nurse		1.00	1.00 1.00																																						
Psychiatric Registered Nurse	1.00																																								
Licensed Practical Nurse		1.00	1.00 1.00																																						
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9	<p>It was noted that there is an alarming weight gain with residents.</p> <p>FCCC said that they have started recording weights monthly (weekly in MH unit). This should be in all charts since August 2009. HSA is supposed to review all double portion and nutritional supplement diets – They claim nobody on MH unit is on double portions, and the only supplements there are graham crackers.</p> <p>Need to do the following:</p> <p>1. Ask HSA if they have pulled the files to review double portions. If so, ask for documentation that is was</p>				* Note – All residents are having their weights taken on a monthly basis, including MHU residents. HAS is reviewing all double portion and supplemental diets. At the time of this review three residents in the Mental Health Unit were listed on the Diet Master report as receiving extra portions																																				
				X	These files are reviewed by the HAS on a regular basis.																																				

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	Performance Indicator	Rating			Notes and Comments
		Yes	No	NA	
	<p>done and a list of residents who are on double portions.</p> <p>2. Request a copy of the metabolic syndrome policy. Review and determine what documents or questions you can review to see if they have implemented the policy.</p> <p>3. In reviewing the CCU see if there is anyone overweight and pull their file to see if they are having their weights done weekly.</p> <p>Special Review Follow-Up</p>	X			<p>Copy of policy was received. The program has been implemented.</p> <p>*The weight of the person reviewed is recorded monthly</p>
10	<p>Med Pass issues- medication times conflicting with recreation times- lack of observation of medication administration</p> <p>Need to do the following:</p> <ol style="list-style-type: none"> 1. Talk with HSA to determine med pass times 2. Talk with Rec Specialist to find out when rec time is to determine if there is still a conflict 3. Request from HAS the med administration documentation includes documentation that they observed the resident take the medication. 4. Should interview a resident to see if there's a time conflict. 5. Should check MARs for documentation that the person actually took their meds, not just that they gave it to them. <p>Special Review Follow-Up</p>	X X	X		<p>Expanded med pass times were discussed with the URN and appear to be working well. The Recreational Specialist reported there were no conflicts between medication administration and recreation times.</p> <p>MARs document indicates the resident took medication. However, no documentation regarding staff observation of medication administration.</p> <p>Interviewed several residents and determined there were no conflicts.</p>
11	<p>Discuss with Clinical Director Integrated Care Plans for detainees. What is the process?</p> <p>General Review</p>	X			<p>FCCC working toward 100% completion of Integrated Care Plans for all residents (detained and committed). Per Dr. Wilson, approximately one-third to two-third of detainees already completed.</p>
12	<p>Discuss with Clinical Director the need to include in the file when documentation or additional information is located in a separate file that language should be in resident file to say where other information is located. For example, see Integrated Care Note that references an allegation on 10/05/07 for being in an unauthorized area was not founded. Where is the information on this allegation contained? Is it in the behavior management file?</p>		X		<p>Dr. Wilson / Dr. Emanolidis to implement a system of tracking/referencing in resident's record where further information regarding an incident may be located.</p>

	Performance Indicator	Rating			Notes and Comments
		Yes	No	NA	
	<p>Anytime there is a note that mentions something like a behavior problem or incident the file should say something like "additional information located in the behavior management file"</p> <p>General Review</p>				
13	<p>Nurses employed through the temporary employment agencies have little or no training and untrained LPN's are working in the infirmary.</p> <ol style="list-style-type: none"> 1. Request new policy that discusses training of new nurses. They should have included "shadowing" for at least 2 shifts for all new nurses. 2. Request the document that lists the types of training that nurses receive and review. 3. Pull a sample of new nurses to see if they received training. 4. During the visit interview any new nurses on duty to ask them about their orientation and training they received. <p>Special Review Follow-Up</p>	X	X		<p>Reviewed policy for the orientation of health services staff. There is no mention of "shadowing" in this document. However through interviews of supervisory and nursing staff the practice of shadowing for 10 hours is in place. Training/orientation documentation was examined and found to be comprehensive and complete. Documentation indicating new nurses were receiving orientation was reviewed. Nurses on duty verified their orientation training.</p> <p>Recommendation: Add language related to shadowing in policy and paperwork for all new health services staff.</p>
14	<p>Complaint that no one is overseeing the lab results and that there are missed appointments.</p> <ol style="list-style-type: none"> 1. Need to request policy that HSA created regarding maintaining a therapeutic treatment log identifying routine labs that need to be done. 2. Review policy and determine if it is being implemented. 3. There should also be a worksheet of all labs drawn in-house, which should be logged in upon return, and results put in physician's mailbox. 4. Review a list of labs done in house and pull a sample of files to review to ensure that each lab result should have a stamp used by the MD to indicate review of lab results which includes seeing the resident to discuss the results. <p>Special Review Follow-Up</p>		X		<p>No policy was available.</p> <p>Could not be completed based on issue #1. Reviewed Lab Logbook for labs. return of lab results and physician notification. Documentation indicates the process is in place.</p> <p>Reviewed in house lab list. Pulled resident files for lab result notes and episodic physician notes to insure review and resident follow-up was completed. This process is in place.</p> <p>Recommendation: Create a policy and tracking system for labs.</p>

	Performance Indicator	Rating			Notes and Comments
		Yes	No	NA	
15	<p>Create a policy that limits the treatment group size for the special needs track to no more than 8-10 residents per group with two co-facilitators.</p> <p>Observe a special needs group.</p> <p>Canupp Action Plan Item #9</p>	X			<p>FCCC policy CL-1 "Program Description: Comprehensive Treatment Programming for Persons Who have Sexually Offended" was revised to include/limit special needs track group sizes (no more than 8 – 10 residents per group with two facilitators).</p> <p>Unable to observe special needs group due to time constraints. Spoke with residents who confirmed group sizes.</p> <p>FCCC has implemented a new policy entitled, "Program Services to Persons with Special Needs." The policy outlines services for special needs clients including ADA limitations.</p>
16	<p>Create a policy that provides for the provision of services to persons with hearing impairments that does not isolate them with other special needs residents.</p> <p>The facility currently has three (3) residents that are hearing impaired: Dennis Ayala, #991095 Committed, Phase I Rodney Jones, #991101 Detainee Jason Sutton, #990822 Committed, Phase I</p> <p>You should find out what classes they are attending and observe. Meet with the resident to see if they feel that they are being provided services based on their disability. Interview staff and determine how they are meeting the resident's needs on a daily basis. Also see question number 20.</p> <p>Canupp Action Plan Item #10</p>	X			<p>Dr. Kline met with two hearing impaired residents and observed residents in several settings: recreation, resident counsel, and attending AA meeting. Sign language interpreter readily available and providing individual services. Resident Ayala reported receiving good care and having needs met daily. Complaints about the facility and/or treatment were not related to hearing impairment.</p>
17	<p>There should be a total of four (4) BA Clinical Assistances. Verify that they have four and observe that they are co-facilitating a group with a Master's Level.</p> <p>General Review</p>		X		Only three (3) BA Clinical Assistants at this time.
18	<p>Create a vocational program that provides meaningful work training and opportunities to assist in re-integration into the community upon release.</p> <p>FCCC has recently enhanced the vocational program as well as retained a vocational instructor who oversees the vocational program.</p> <p>The vocational instructor facilitates vocational development and planning classes for all Phase IV residents. These services assist residents in acquiring and developing needed skills to successfully reintegrate into the</p>	X			<p>Reviewed PRG-25 "Comprehensive Vocational Services Evaluation for Phase IV Residents."</p> <p>Dr. Kline met with Vocational Instructor, Mr. George Suntum. Mr. Suntum supervises computer literacy, horticulture, barbershop, culinary arts, blood spill/infection control, and a few other resident work programs.</p> <p>Reviewed "Career Scope Transition Course Outline" that</p>

	Performance Indicator	Rating			Notes and Comments
		Yes	No	NA	
	community upon release. The program is based on standards outlined in the CARF manual for vocational programming. As described in Policy CL-1, "Program Description: Comprehensive Treatment Programming for Persons Who Have Sexually Offended," all residents in Phase IV of the Comprehensive Treatment Program receive a vocational assessment. Based on the outcome of this assessment, the treatment team shall develop a vocational plan which may include training in computer literacy (basic computer skills, keyboard training, business and software applications), horticulture, commercial janitorial services, food services, educational programming, and painting. In addition, FCCC offers 2700 hours per week for resident employment opportunities, which provide a variety of work training skills. 1. Pull Policy for Vocational Program and review 2. Review two (2) vocational assessments. Was a vocational plan developed based on the assessment? 3. Interview the vocational instructor to get an overview of the program. Canupp Action Plan Item #13	X			describes the 40 hour program course designed to assist residents in achieving necessary skills for successful community reintegration (course focuses on job-related skills, interviewing, writing resume's, computer literacy, finding a place to live, and financial planning/budgeting). Per Mr. Suntum, computer literacy is the core of the program. Reviewed Vocational Evaluation for two (2) residents: Steve Hoo and Keith Daniel. Assessment included reason for referral, relevant background information, career aptitude tests administered and interpretations/outcomes. Resident's Integrated Care Plans included vocational treatment objectives. Program weakness: Lack of formal certifications in resident work to prepare residents for release. Per Program Services Director (Dr. George Emanolidis), Resident Work Program now offers over 3,500 hours per week of resident employment. Recommendation: Better alignment of the resident work program with the vocational treatment programming. Programs appear separate at this time - should be interrelated and augment one another
19	FCCC shall create and implement a new policy entitled, "Program Services to Persons with Special Needs." The policy shall outline services for special needs clients including ADA limitations. The policy shall clearly provide that residents shall receive individualized care based on their level of need, including ensuring dignity and respect are adequately maintained. Specifically, hearing impaired individuals shall not be located with special needs residents unless clinically indicated. Staff shall be trained on this policy at the weekly staff meeting. Create a policy that provides for the provision of services to persons with hearing impairments that does not isolate them with other special needs	X			FCCC has implemented Policy CL-23, "Program Services to Persons with Special Needs." The policy outlines services for special needs clients including ADA limitations. Reviewed Policy ADM-6 "Translation of Records and Language Assistance for Residents" that was revised to add language related to the housing and treatment of residents with special needs. Dr. Kline met with and observed certified sign language interpreter, Jody Belcher. Mr. Belcher was readily available to resident and providing individual services as they

	Performance Indicator	Rating			Notes and Comments
		Yes	No	NA	
	residents.				participated in treatment and milieu functions.
	Canupp Action Plan Item #10				Reviewed July 23, 2009 Clinical Department Staff Meeting Minutes: Training on Policy CL-23 and PRG 5. Staff was trained on policy and reviewed provisions that special needs group must be limited to 140 minutes and no more than 8 to 10 per group.
20	Create a policy or process for intake screening that identifies individuals who have special needs, in order to facilitate their immediate placement in programs designed to meet those needs. FCCC Policy PRG-5, "Routine Mental Health Screening and Evaluation," shall be revised to include screening criteria to identify individuals who have special needs in order to facilitate their immediate placement in programs designed for those needs. The Intake Screening Form shall be modified to capture any special needs/mental health concerns. Staff shall be trained on the revised form during the weekly clinical staff meeting.	X			Reviewed PRG 5, "Routine Mental Health Screening" and Evaluation and PRG-5a, "Clinical Intake Screening Report." Intake from now incorporates questions to screen for special needs. Reviewed July 23, 2009 Clinical Department Staff Meeting Minutes: Training on Policy CL-23 and PRG 5. Staff was trained on revisions to the policy to include specific screening items regarding potential need for Therapeutic Sex Drive reduction, special needs housing and treatment, and increased focus on suicide risk and potential for self-harm. Recommendation: Revise PRG-5a, "Clinical Intake Screening Report." Template has multiple editing and formatting errors.
21	Create a policy or process for notifying courts of jurisdiction of terminally ill residents. FCCC Policy HLTH-98, "Care of the Terminally Ill," shall be revised to outline the guidelines for notifying the court and public defenders when a resident is identified with a terminal illness.	X			Reviewed Policy: HLTH-98 "Care of the Terminally Ill." Policy was revised to reflect notification of courts and public defenders regarding terminally ill residents.
	Canupp Action Plan Item #15	X			Reviewed copies of three (3) FCCC letters notifying courts of residents' terminal conditions (copies attached).
22	Full time psychiatric nurse on residential mental health unit Need to ask the HSA who this person is. Pull their time sheet for a two week period and verify that she worked. Pull HR file and review resume to determine if she/he qualifies. Can fax to call Barbara Lilly if you need to know if the person is qualified.				Reviewed Psychiatric Nurse time sheets on the facility "Chronos" time system. Time worked was verified. Qualifications of the psychiatric nurse were reviewed and appear to be appropriate for the assigned position.
	Canupp Action Plan Item #20				



**Florida Civil Commitment Center
Programmatic Contract Monitoring
Resident File Review Tool
Contract # LI702
February 16-19, 2010**

Monitoring Reviewer Name:	Joy Neves, Chief SAMH Contracts Tarha Sondesky, Contract Manager Suzonne Kline, Psy. D., SVP Program Director		
Date:	February 16-19, 2010		
Resident Profile			
Resident Name (face sheet)			
Subject ID Number (face sheet)			
Date of Admission (face sheet)			
Date of Discharge (face sheet)			
Committed/Detained/Released (Must have court order in file) (face sheet contains status, Legal section contains document)			
Current Recovery Grade (face sheet)			
Current CARE Level (face sheet/behind face sheet)			
Date Consented to Sex Offender Treatment (generally only applies to committed) (face sheet)			
Current Treatment Phase, If applicable (face sheet)			
DSM Diagnosis	Admitting Diagnosis	Most Current Integrated Care Plan (ICP) Updated Diagnosis	Date ICP was last updated
Axis I Diagnosis:			
Axis II Diagnosis:			
Axis III Diagnosis:			

REVIEW PERIOD: MAY 1, 2009 – JANUARY 31, 2010, UNLESS OTHERWISE SPECIFIED

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
I	LEGAL					
A	Miscellaneous Legal					
1	The file contains the probable cause / commitment order. (detained or committed) (Legal Section)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
2	The file contains a signed consent for sex offender specific treatment, if applicable. (usually only for committed, but may include detainees) (Legal Section)	15	0	10	15 out of 15 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	The file contains releases of information as needed. (If the file contains a request from a third party or the facility needs to contact a third there be should be a release of information in the file.) (Legal Section)				This question will not be scored. It was decided by the monitoring team that this was a bad question that could not be monitored accurately.	
4	The file contains documentation that the "Residents Rights and Responsibilities" were reviewed and signed by the resident. (all residents) (Legal Section)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
5	The file contains the DCF Sexually Violent Predator (SVP) Referring Evaluation. (all residents) (SVP Referring Section)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
6	The file contains information about the individual's personal representative, conservator, guardian, or representative payee, if any of these have been appointed, including the name, address and telephone number. (all residents) (Legal Section)	8	0	17	8 out of 8 (100%) applicable resident files <u>were</u> compliant with contract requirements. However, it was often hard to determine if someone was appointed and the form was just missing or no one was appointed. Recommendation: Place something in the legal file stating <i>if</i> someone was appointed as the resident's personal representative payee or if no one was appointed.	
7	The file contains Information about the person to contact in the event of an emergency, including the name, address and telephone number. (all residents) (Face Sheet/Tentative Release Plan)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
8	<p>For discharged residents the file contains documentation that the following were notified:</p> <ul style="list-style-type: none"> Victim or if deceased victim's family Department of Corrections' Office of Community Corrections in Tallahassee The Parole Commission must also be immediately notified of any releases of a sexually violent predator that has an active or pending term of parole, conditional release, or other post prison release supervision that is administered by the Parole Commission. <p>(Separate Legal File)</p>	1	0	24	1 out of 1 (100%) applicable discharged resident files <u>were</u> compliant with contract requirement.	
B Annual SVP Examination (committed residents only)						
1	<p>The file contains documentation that the resident had a SVP Annual Examination within the last 12 months that was presented to the court. (committed residents only) For committed consenting residents this is know as a treatment progress report and for committed non-consenting it is a two page letter to the court.</p> <p>If the resident has severe and persistent mental illnesses, the annual report shall include information on the resident's status, length of stay in the Chronic Care Unit (CCU), and current capacity for meaningful participation in the sex offender treatment program. (Canupp Action Plan Item #4)</p> <p>(Psychological Evaluation Section)</p>	15	0	10	15 out of 15 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
2	<p>The file contains documentation that the SVP Annual Examination was conducted by a licensed clinical psychologist/licensed psychiatrist or cosigned by one.</p> <p>(Psychological Evaluation Section)</p>	16	0	9	16 out of 16 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	<p>The file contains documentation that the SVP Annual Examination recommendations were discussed by the team and with the resident to determine whether or not to implement the evaluator's recommendations.</p> <p>(Annual examinations are discussed with the evaluator at a feedback session and resident signs from. All are attached to the report)</p>	15	0	10	15 out of 15 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
4	<p>The file contains a copy of the annual written notice to the resident of his right to petition the court for release.</p> <p>(Psychological Evaluation Section)</p>	14	1	10	14 out of 15 (93.33%) applicable resident files <u>were</u> compliant with contract requirements.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
5	<p>If the resident waived his or her right to petition for release the file contains documentation to support this as well as information that it was forwarded to the court.</p> <p>(Psychological Evaluation Section)</p>	4	12	9	<p>4 out of 16 (25%) applicable resident files <u>were</u> compliant with the contract. Hard to determine if resident refused to sign or if they chose not to waive their rights.</p> <p>(The requirement rating was not indicated by the monitoring reviewer for Subject ID 991248, Resident File #24. Therefore, this file was not included in the compliance review score for this requirement.)</p> <p>No corrective action plan is required. Dr. Robin Wilson provided the reviewers a copy of the new form that is currently being used that lists whether the resident refused to sign or if they didn't want to waive their rights. This issue has been corrected.</p>	
Legal Section Reviewer Comments						
II	CLINICAL CARE					
A	Clinical Assessments					
1	<p>The file contains documentation that an admission intake clinical screening was conducted at the time of admission. (committed and detained)</p> <p>(Clinical Assessment Section)</p>	6	0	19	6 out of 6 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
2	<p>The file contains information that the resident was assigned a Recovery Grade during the intake process. (committed and detained)</p> <p>(Clinical Assessment Section)</p>	5	0	20	5 out of 5 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	<p>The file contains a clinical services profile if the Recovery Grade has changed. (committed and detained)</p> <p>(Clinical Assessment Section)</p>	11	0	14	11 out of 11 (100%) applicable resident files <u>were</u> compliant with contract requirements.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
4	<p>The file contains documentation to justify the change in C.A.R.E Level assigned upon admission.</p> <p>Consequences, Alternatives, Responsibility & Encouragement</p> <p>(Upon admission, each resident will be assigned a C.A.R.E Level 4, indicating Social Status. Residents who maintain C.A.R.E Level 4 for a twelve month period without a major rule violation or three minor rule violations qualify for C.A.R.E Level 5. Residents assigned a C.A.R.E Level 4 who accrue three minor rule violations or are charged with a major rule violation will be down graded to a C.A.R.E Level 3, indicating Intermediate Status. Residents assigned a C.A.R.E. Level 3 must remain without a major rule violation or three minor rule violations for a period of six months before qualifying for a C.A.R.E Level. Residents assigned a C.A.R.E Level 3 who continue to accrue at least three minor rule violations or are charged with a major rule violation will be assigned a C.A.R.E. Level 2, indicating Wing Restriction Status. Residents assigned C.A.R.E Level 2 will automatically be assigned the appropriate C.A.R.E Level commensurate with their behavior at the time they are discharged from Wing Restriction.)</p> <p>(Care level history behind face sheet / also see GEO Track)</p>	14	1	10	14 out of 15 (93.33%) applicable resident files <u>were</u> compliant with the contract requirements.	
5	<p>The file contains a personal safety plan. (committed and detained)</p> <p>(Clinical Assessment Section)</p>	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
6	<p>The file contains a comprehensive treatment program needs assessment that was completed after Phase I prior to Phase II? (committed consenting only).</p> <p>The plan should contain the following: Psychological factors; Psychiatric factors; Medical factors; Educational factors; Psychosexual factors; Psychosocial factors; Vocational factors; Substance Abuse factors; Family/Support System factors; Recreational Factors. (committed consenting only)</p> <p>(Psychological Evaluation Section)</p>	7	1	17	<p>7 out of 8 (87.50%) applicable resident files <u>were</u> compliant with contract requirements.</p> <p>Opportunity for Improvement</p>	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
7	The file contains documentation that if determined during intake that the resident has substance abuse problem services were provided. (all residents) (Psychological Evaluation Section for substance abuse evaluation and also verify services on the Intergraded Care Plan)	14	2	9	14 out of 16 (87.50%) applicable resident files <u>were</u> compliant with contract requirements. Opportunity for Improvement	
8	The file contains documentation that an employment/vocational evaluation were conducted, if applicable. (Phase III) (committed consenting only) (Psychological Evaluation Section)	6	0	19	6 out of 6 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
9	The file contains documentation that a suicide assessment or suicide potential screening was completed if applicable. (all residents) (Clinical Assessment Section on Clinical Intake Screening and also in Physical Examination Section)	22	1	2	22 out of 23 (95.65%) applicable resident files <u>were</u> compliant with contract requirements.	
B Integrated Care Plans						
1	The file contained an Integrated Care Plan (Plan) that was completed within 180 days of admission and then revised/updated every 180 days after? (committed only) (Comprehensive Care Plan Section)	18	1	6	18 out of 19 (94.74%) applicable resident files <u>were</u> compliant with contract requirements.	
2	The Plan includes a DMS Diagnosis for Axis I, Axis II, and Axis III. (committed only) (Comprehensive Care Plan Section)	19	0	6	19 out of 19 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	The file contains documentation that input was included from the resident, other professions/team members and if appropriate family/supports in the development of the Plan. (committed only) (Comprehensive Care Plan Section)	16	2	7	16 out of 18 (88.89%) applicable resident files <u>were</u> compliant with contract requirements. Opportunity for Improvement	
4	The plan includes specific treatment goals. (committed only) (Comprehensive Care Plan Section)	18	0	7	18 out of 18 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
5	The plan includes goals that are objective, measurable and observable and easily understood by the resident and team members. (committed only) (Comprehensive Care Plan Section)	19	0	6	19 out of 19 (100%) applicable resident files <u>were</u> compliant with contract requirements.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
6	<p>If the resident is taking sexual arousal control treatments this is included in the Plan. (committed only)</p> <p>List of meds to look for in the file</p> <p>SSRI: ANTIANDROGEN: PROZAC DEPO PROVERA ZOLOFT DEPO LUPRON PAXIL LEXAPRO</p>	8	1	16	<p>8 out of 9 (88.89%) applicable resident files <u>were</u> compliant with contract requirements.</p> <p>In some files, the specific medication the resident has been prescribed is not listed. There is only a note stating that the resident should continue the use of their medications.</p> <p>Opportunity for Improvement</p>	
7	<p>The file contains documentation that a team meeting, including the resident was held at least every 180 days. (committed only)</p> <p>(Comprehensive Care Plan Section)</p>	15	2	8	<p>15 out of 17 (88.24%) applicable resident files <u>were</u> compliant with contract requirements.</p> <p>Opportunity for Improvement</p>	
8	<p>The file contains documentation that a Psychiatrist attended and was involved in the meetings held every 180 days if the resident was prescribed medication for traditional mental illnesses or prescribed to lower sexual arousal</p> <p>(Canupp Action Plan Item #19 Standard to be met after August 1, 2009)</p> <p>(Comprehensive Care Plan Section)</p>	14	3	8	<p>14 out of 17 (82.35%) applicable resident files <u>were</u> compliant with contract requirements.</p>	Corrective Action Plan Required
9	<p>The plan is signed by the Clinical Therapist, the Clinical Team Leader and by the resident. (committed only)</p> <p>(Comprehensive Care Plan Section)</p>	21	0	4	<p>21 out of 21 (100%) applicable resident files <u>were</u> compliant with contract requirements.</p>	
10	<p>The file contains documentation that unscheduled reviews of the resident's Plan where held whenever there was a significant or unanticipated change in that resident's circumstances or behavior. (committed only)</p> <p>Examples of circumstances that merit unscheduled review are a health or mental health crisis, significant unexplained change in behavior or attitude, major rule violation, conflict with another resident or with a staff member, etc.</p> <p>(Comprehensive Care Plan Section)</p>				<p>This question will not be scored. It was decided by the monitoring team that this was a bad question that could not be monitored accurately.</p>	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
11	<p>The file contains documentation that ancillary services are integrated into Plan developed for each resident who elects to participate in sexual offender treatment? (committed consenting)</p> <p>(Comprehensive Care Plan Section and also on the Integrated Care Notes in the progress notes section)</p>				This question will not be scored. It was decided by the monitoring team that this was a bad question that could not be monitored accurately.	
12	<p>If the resident has special needs, including those persons with severe and persistent mental illness, those with mental retardation or developmental disabilities, and those with visual and hearing impairments there is documentation that this been incorporated into the Plan. (committed only)</p> <p>(Comprehensive Care Plan Section and also on the Integrated Care Notes in the progress notes section)</p>	7	0	18	7 out of 7 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
C Treatment						
1	<p>The file contains documentation that the resident received an average of ten (10) hours of sexual offender specific treatment each week. (committed consenting) This only applies to residents in Phase II or higher.</p> <p>(review integrated care note)</p>	13	1	11	13 out of 14 (92.86%) applicable resident files <u>were</u> compliant with contract requirements.	
2	<p>If the resident refuses assessment and/or treatment there is documentation in the file that these are reviewed at least every 180 days (6 months).</p> <p>A form signed by the resident shall be maintained in the file stating that they were offered the opportunity to participate and they voluntarily refused to participate. (committed non-consenting)</p> <p>(Legal Section)</p>	1	1	23	1 out of 2 (50%) applicable resident files <u>were</u> compliant with contract requirements.	Corrective Action Plan Required
3	<p>If the resident is committed and has consented to treatment, there is documentation in the file that they have been assigned to one of the three (3) Comprehensive Treatment Program (CTP) track. (committed consenting)</p> <p>Conventional: This track is for residents who do not have entrenched antisocial values, attitudes, behaviors and do not have special needs.</p> <p>Corrective Thinking Track: This track is for residents who demonstrate difficulties with respect to entrenched antisocial values, attitudes, and behaviors</p> <p>Special Needs Treatment Track: This track is for residents who demonstrate intellectual</p>	11	1	13	11 out of 12 (91.67%) applicable resident files <u>were</u> compliant with contract requirements.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
	(e.g., mental retardation), cognitive processing limitations (e.g., learning disabilities, acquired brain injury, etc.), or other difficulties not related to intelligence (i.e., difficulties regarding hearing, sight, physical ability, cultural competence. (Integrated Care Note and Integrated Care Plan)					
4	The file contains documentation to support a rationale for the assignment to the resident's particular CTP track. (committed consenting) (Psychological Assessment Section in the Comprehensive Treatment Program Needs Assessment)	6	0	19	6 out of 6 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
5	As clinically appropriate and with proper consent of the resident the file contains documentation that family members were offered an orientation session to all newly admitted families of residents, psychoeducational classes for family members to understand the program, and family therapy to residents in Phase IV, to assist with reintegration into the community. (Canupp Action Plan item #14, Implemented after 8/1/09)				This question will not be scored. It was decided by the monitoring team that this was a bad question that could not be monitored accurately. (Consents for family programming will be in the legal section. FCCC will provide DCF with a list of all residents who have consented to family programming)	
D	Clinical Progress Notes					
1	The file contains documentation that the resident is assigned a Clinical Therapist/Clinical Assistant who coordinates all aspects of a residents' progression through the FCCC for case management purposes. (all residents) (Progress Notes Section)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
2	There is a weekly integrated care note for committed consenting and the CCU and a monthly integrated care note for committed non-consenting and detainees during the review period in the resident's file when they participate in any group treatment, vocational, recreational, educational, case management, individual treatment or other organized activity. (all residents) (Progress Notes Section)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	The Clinical Therapist/Clinical Assistant meets with and counsels the consenting resident at least once per week during the review period and documents pertinent information on the Integrated Care Note. For those residents who are not consenting only a monthly note will be included in the file. The weekly Integrated Care Note summarizes observed resident attitudes, level of participation, progress in meeting activity objectives, and any significant	23	2	0	23 out of 25 (92%) applicable resident files <u>were</u> compliant with contract requirements.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
	interactions with either other residents or staff during the activity. (all residents) (Progress Notes Section)					
4	The Integrated Care Note is current in the residents file. (Completed within 7 days of the weeks end.) (all residents) (Progress Notes Section)	24	1	0	24 out of 25 (96%) applicable resident files <u>were</u> compliant with contract requirements.	
5	The Integrated Care Note contains the total number of hours the resident participated in for any activity. For committed consenting it will be weekly for all others monthly. (Progress Notes Section)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
E Release Plan / Discharge Plan						
1	The file contains a resident release plan. (committed & detained) (Tentative Release Plan Section)	25	0	0	25 out of 25 (100%) applicable resident files <u>were</u> compliant with contract requirements. These plans are not being updated. Most of the plans are only from the initial intake assessment even though the resident has been at the facility for over a year. Recommendation: <i>Highly recommend that these plans are updated or at least reviewed (document) annually.</i>	
2	The release plan indicates the resident's intended means of financial and personal support, if known. (committed & detained) (Tentative Release Plan Section/Comprehensive Care Plan Section)	20	4	1	20 out of 24 (83.33%) resident files <u>were</u> compliant with contract requirements. Sometimes, this section of the release plan was left blank. Recommendation: <i>Do not leave any blanks on a form. Indicate "information not available or n/a"</i>	Corrective Action Plan Required
3	The release plan provides the resident with the location and phone numbers of various private and public social services entities in the community identified as the intended residence, if known. (committed & detained) (Tentative Release Plan Section/Comprehensive Care Plan Section)	17	7	1	17 out of 24 (70.83%) applicable resident files <u>were</u> compliant with contract requirements. Sometimes, sections of the release plans were left blank. Recommendation: <i>Do not leave any blanks on a form. Indicate "information not available or n/a"</i>	Corrective Action Plan Required

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
4	<p>The release plan includes the location where the resident intends to reside upon release, with street address, city, state and zip code. (committed & detained)</p> <p>(Tentative Release Plan Section/Comprehensive Care Plan Section)</p>	23	0	2	23 out of 23 (100%) resident files <u>were</u> compliant with contract requirements.	
5	<p>For Phase III & Phase IV residents a release plan/discharge plan that is more detailed and comprehensive in preparation for the resident's release has been completed.</p> <p>In addition to the general type items the plan shall address vocational aptitude, preparation for return to the workforce and identification of and planning for barriers to successful community reintegration.</p> <p>(Canupp Action Plan Requirement Item #5, Implemented after 9/15/2009)</p> <p>(Vocational Evaluation and Intergraded Care Plan)</p>	1	7	17	<p>1 out of 8 (12.50%) applicable resident files <u>were</u> compliant with contract requirements. These plans are not being updated as the resident reaches Phases III or IV. The plans that are the in the files are from the intake assessment and are at times, over 5 years old.</p> <p>Recommendation: <i>Start updating these plans as required and make sure they are filled out completely. Perhaps these plans should be updated or at least reviewed (documented) annually as the resident progresses through treatment.</i></p>	Corrective Action Plan Required
6	<p>The file contains an after the fact discharge summary that includes:</p> <ol style="list-style-type: none"> 1. Includes the date of admission. 2. Identifies the presenting condition. 3. Describes the extent to which established goals and objectives were achieved. 4. Describes the reason for discharge. 5. Identifies the status of the person served at discharge. 6. Lists recommendations for services or supports. 7. Includes the date of discharge from the program. <p>(Discharged residents only. Located in the beginning of the recorded on top of the face sheet. Implemented after 9/15/2009)</p>	1	0	24	1 out of 1 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
Clinical Care Reviewer Comments						
III	PSYCHIATRIC CARE (applies to all residents)					

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
1	If the resident is receiving psychiatric care the file contains documentation that a psychiatric assessment and updates were done at least yearly? (Psychiatric Assessment Section)	12	6	7	12 out of 18 (66.67%) applicable resident files <u>were</u> compliant with contract requirements.	Corrective Action Plan Required
2	The file contains documentation that if the resident is receiving psychiatric services they have a treatment plan with goals and objectives. (For committed residents this plan should be incorporated into the Integrated Care Plan, but for detainees, it may be a stand alone plan.) (Comprehensive Care Plan Section)	18	0	7	18 out of 18 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	If the resident is receiving psychiatric services including psychotropic medication the file contains documentation that there is psychiatric follow-up with a progress note every 30 days. (Psychiatric Notes Section)	12	4	9	12 out of 16 (75%) applicable resident files <u>were</u> compliant with contract requirements.	Corrective Action Plan Required
4	The file contains documentation that if the resident is participating in treatment groups there a mental health unit clinical progress note documented 30 days. (Psychiatric Notes Section)	14	3	8	14 out of 17 (82.35%) applicable resident files <u>were</u> compliant with contract requirements. (The requirement rating was not indicated by the monitoring reviewer for Subject ID 991248, Resident File #24. Therefore, this file was not included in the compliance review score for this requirement.)	Corrective Action Plan Required
5	The file contains documentation that an Abnormal Involuntary Movement Scale (AIMS) was completed prior to starting anti-psychotic medications and it is reviewed at least every six (6) months, when applicable? (all residents) (Psychiatric Notes Section at the very end)	9	8	8	9 out of 17 (52.94%) applicable resident files <u>were</u> compliant with contract requirements.	Corrective Action Plan Required
Psychiatric Care Reviewer Comments						
IV	MEDICAL CARE (all residents)					
A	Admission Medical Screening					

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
1	The file contains documentation that the Admission Medical Screening (nursing assessment) completed within 24 hours. A qualified health care professional (RN, ARNP, Physician) should complete the exam. (Nursing Assessment Section)	4	0	21	4 out of 4 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
2	When significant findings are identified during the Admission Medical Screening, there is a prompt referral to the appropriate health care service (medical or psychiatric). Significant findings will be reviewed with the physician or ARNP for further recommendations. The disposition of the resident (to general, special population or infirmary) is decided and recorded. (Nursing Assessment Section and intake clinical screening)	1	0	21	1 out of 1 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	The file contains documentation that the resident within 24 hours orientated the facility and its health care services. The availability of health services and how to access these services shall be communicated in writing and orally upon the resident's arrival in a form and language they can understand. (Orientation Checklist in Legal Section)	4	0	21	4 out of 4 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
4	The file contained documentation that the resident was provided a "Psychoeducational Information Medication Therapy for Sexual Drive Reduction overview sheet" at the time of admission. (all residents) (For residents that were admitted prior to July 20, 2009 there should be an overview sheet dated July 2009. For residents admitted after July 2009 the form should have been completed during admission.) (Legal Section)	20	3	2	20 out of 23 (86.96%) applicable resident files <u>were</u> compliant with contract requirements. Opportunity for Improvement	
B Comprehensive Health Assessment						
1	The file contains documentation that a Comprehensive Health Assessment completed within 7 days of admission. If the resident has had a comprehensive health assessment within the past twelve months, and the admission screening or transfer screening shows no significant change in health status, then the history, physical, and tests are updated as appropriate on admission and documented in the resident file. (Physical Examination Section)	6	0	19	6 out of 6 (100%) applicable resident files <u>were</u> compliant with contract requirements.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Yes	No	NA		
2	<p>The file contains documentation that if the resident has resided at the facility for more than a year the comprehensive health assessment was repeated.</p> <p>This includes any additional new history, medical history of the last year, a review, and a new review of systems. The physician determines the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations. These decisions will also be based on age, gender, health needs, and severity of existing health problems.</p> <p>(Physical Examination Section)</p>	18	3	4	<p>18 out of 21 (85.71%) applicable resident files <u>were</u> compliant with contract requirements.</p> <p>Opportunity for Improvement</p>	
C Dental Services (all residents)						
1	<p>The file contains documentation that a dental screenings were performed within 7 days of admission to the facility, either by the dentist or a health care provider trained by the dentist.</p> <p>(Dental Section)</p>	3	0	22	3 out of 3 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
2	<p>The file contains documentation that if the dental screening was performed by a health care provider trained by the dentist, the dentist did see the resident within 30 days of admission.</p> <p>(Dental Section)</p>	3	0	22	3 out of 3 (100%) applicable resident files <u>were</u> compliant with contract requirements.	
3	<p>The file contains documentation that the dental health reassessments took place based on the resident's needs and were done at least annually.</p> <p>(Dental Section)</p>	22	1	2	22 out of 23 (95.65%) applicable resident files <u>were</u> compliant with contract requirements.	
Medical Section Reviewer Comments						
<p style="text-align: center;">60 Totals Areas Reviewed</p> <p>Overall comments: The files were extremely well organized and the location of the documentation was consistent amongst files. This made the files <u>very</u> easy to audit. As usual, FCCC staff was very helpful if we had any difficulty in locating a particular document.</p>						



State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

November 4, 2009

Genna Marx, Director
Contract Compliance
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Ms. Marx:

The report of the Department's June 15th – 19th Programmatic Contract Monitoring Review and August 18th – 20th Facilities Management Review of the Florida Civil Commitment Center (FCCC) is enclosed.

This monitoring was a joint effort between the Program Team, the Facilities Management Team, Clinical Team and the Contract Oversight Unit (COU). The COU has already released their report and the Clinical Team, which is a quality review instead of a compliance review, shall be released under separate cover.

The monitoring report consists of a Summary and two (2) Working Tools, the Resident File Review Tool and Facilities Management Tool. The Working Tools contain the details of the areas reviewed. There are several items rated on the attached monitoring tools indicating "**Opportunity for Improvement**". Only items that state "**Immediate Corrective Action Required**" or "**Corrective Action Required**" will require the submission of a formal Corrective Action Plan (CAP). A CAP is required to be submitted within 30 days of receipt of this report. All items on the CAP will be reviewed during the next on site monitoring to ensure improvement has been made and/or that the CAP was implemented.

The Department would like to thank you and the staff at the FCCC for all of your hard work. If you or your staff should have any questions regarding the report or direction of the correction action plan, please do not hesitate to call me at (850) 921-0547.

Sincerely,

A handwritten signature in black ink that reads 'Dineen Cicco'. The signature is fluid and cursive, with the first name 'Dineen' being more prominent than the last name 'Cicco'.

Dineen Cicco, MSW
Privatized Facilities Contract Manager

cc: Kate Lyon, Ph.D., DCF Director Mental Health Program Office
Sally Cunningham, DCF Chief Mental Health Treatment Facilities
Joy Neves, DCF Chief of Substance Abuse and Mental Health Contracts
Tim Budz, FCCC Facility Administrator

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

CONFIDENTIAL

Monitoring Report Summary
Florida Civil Commitment Center
On-Site Monitoring
June – August, 2009

Team Members: Dineen Cicco, Contract Manager; Joy Neves, Chief SAMH Contracts; Casey Jones, Facilities; Gary Thompson, Contract Liaison; Suzonne M. Kline, Psy.D., SVP Program Director

This summary incorporates both the Programmatic Resident File Review (see attachment #1) and the Facilities Management Review (see attachment #2). A clinical review was conducted by the Clinical Review Team and the DCF Contract Oversight Unit also conducted a separate review of administrative areas. These reviews are not part of this report, but a separate report that will be sent to the provider.

For the Programmatic Resident File Review a total of 33 resident files were reviewed including detainees, committed non-consenting, committed consenting and discharged residents. This monitoring period covered one year. Since most of the residents in the sample have resided at the facility for more than one year, a rating score of "NA" was given where the action would not have occurred during the review period.

There are several items rated on the attached monitoring tools indicating "**Opportunity for Improvement**", but do not require a formal Corrective Action Plan (CAP). These areas will be reviewed during the next on site monitoring visit. Only items that fell below 90% compliance will require a formal CAP. Those items are identified by stating "**Immediate Corrective Action Required**" or "**Corrective Action Required**" in the attached monitoring tools. The CAP is required to be submitted within 30 days of receipt of this report. All items on the CAP will be reviewed during the next on site monitoring to ensure improvement has been made and/or that the CAP was implemented.

There were five areas that were identified as "**Immediate Corrective Action Required**". The CAP should show that these items have been corrected and a deficiency no longer exists. Listed below are five areas that require immediate corrective action.

1. Behavioral Management/C.A.R.E SYSTEM

1 out of 2 applicable resident files did not contain documentation that suicide precautions observations were conducted.

2. Admission Medical Screening

2 out of 8 files did not contain evidence that the resident received an Admission Medical Screening within 24 hours.

3. Comprehensive Health Assessment

3 out of 7 files did not contain evidence that a Comprehensive Health Assessment was conducted within seven (7) days of admission.

4. Kitchen/dining and laundry equipment

Temperature logs for the walk-in coolers and freezers were routinely indicating high temperatures. A check of internal temperatures indicated that the thermometers were not accurate. Installed thermometers under construction warranty must be repaired. Additional thermometers should be installed inside walk-in coolers and freezers as back-up for cross checking thermometer accuracy.

5. Electronic and mechanical security access

Forty cameras were not providing video to the main control rooms. In the security manager's office, recorded video could not be reviewed on 14 of 192 cameras. In the B Building control room, only 1 of 4 monitors was fully operational, 2 monitors could be operated by jiggling wire connectors in back and 1 could not be operated at all. There was no checklist maintained to document routine checks of video equipment.

When the panic button was pressed in the F-Dorm medication room, the alarm did not sound (no other panic buttons were tested). There were no checklists available to indicate routine checks of panic buttons. The provider must repair and establish a documented, routine monitoring system of all cameras, monitors, and panic buttons.



**Florida Civil Commitment Center
Programmatic Contract Monitoring
Contract # LI701 & LI702
June 14-19, 2009**

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
I	LEGAL					
A	Miscellaneous Legal					
1	Does the file contains the probable cause / commitment order? (committed or detained)	X			All 33 resident files reviewed contained probable cause / commitment order documentation in the files.	
2	Does the file contains a signed consent for treatment, if applicable?		X		2 of 24 applicable residents did not contain signed consent forms.	
3	Does the file contains releases of information as needed?		X		Five of 32 applicable residents did not contain releases of information.	
4	Was the resident was provided the Residents Rights and Responsibilities document that is signed by the resident as documented in the file?		X		One of 33 applicable residents did not have documentation in the file that they received the Residents Rights and Responsibilities information.	
5	Does the file contains the DCF SVP Referring Evaluation?	X			All 33 resident files reviewed contained the DCF SVP referring evaluation.	
6	Does the file contains Information about the person to contact in the event of an emergency, including the name, address and telephone number?		X		Three of 32 applicable residents did not have information on who to contact in the event of an emergency.	
B	Annual SVP Examination					
1	Did the resident have a SVP Annual Examination that was presented to the court?	X			All 23 applicable residents had an annual SVP examination that was presented to the courts.	
2	Was the SVP Annual Examination conducted by a licensed clinical psychologist/licensed psychiatrist or cosigned by one?	X			All 23 applicable residents had a the SVP Annual Examination conducted by a licensed clinical psychologist/licensed psychiatrist or cosigned by one.	
3	Did the file contain a copy of the annual written notice to the resident of his right to petition the court for release?	X			All 23 applicable residents had a copy of the annual written notice to the resident of his right to petition the court for release.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
4	If the resident waived his or her right to petition for release is there documentation that the facility forwarded to the court documentation by the resident or his legal guardian that he or she has received the annual written notice and waives his right to petition the court for release?		X		Two of 18 applicable residents did not have documentation in the file that they waived their rights to petition for release to the court. The provider shall ensure complete documentation in all files. The provider should modify the waiver form to have the resident check if they do or do not waive their rights.	Corrective Action Required
II CLINICAL CARE						
A Clinical Assessments						
1	Was an intake psychological screening conducted at the time of admission or when GEO took over? (committed and detained)	X			All 33 resident files reviewed contained documentation of an intake psychological screening.	
2	Was the resident assigned a Recovery Grade during the intake process? (committed and detained)	X			All 32 applicable residents were assigned a Recovery Grade during the intake process.	
3	Was a clinical services profile contained in the file if the R-Grade changed? (committed and detained)	X			All 11 applicable residents had a clinical services profile documented in the file if the R-Grade changed.	
4	Was a personal safety plan contained in the file? (committed and detained)	X			All 31 applicable residents had a personal safety plan contained in the file.	
5	Does the file contain a comprehensive, multidisciplinary assessment of treatment needs that was completed after Phase I prior to Phase II?	X			All 15 applicable resident files had a comprehensive multidisciplinary assessment documented in the file.	
6	Does the comprehensive treatment assessment contain the following: Psychological factors; Psychiatric factors; Medical factors; Educational factors; Psychosexual factors; Psychosocial factors; Vocational factors; Substance Abuse factors; Family/Support System factors; Recreational Factors?	X			All 15 applicable resident files contained the assessment, which included the required information.	
7	Was a substance abuse assessment conducted, if applicable?	X			All 25 applicable residents had a substance abuse assessment documented in their file.	
	If it was determined that the resident has a substance abuse problem were services provided?	X			All 16 applicable residents were provided services.	

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
9	Was an educational evaluation conducted, if applicable?		X		One out of 23 applicable residents did not receive an educational evaluation.	
10	Was a vocational evaluation conducted, if applicable?		X		Two out of 21 applicable residents did not receive a vocational evaluation.	
B Psychological Evaluation						
1	Did the file contain a biosychosocial History Assessment (Phase I and above)?		X		One out of 22 applicable residents did not have a biosychosocial History Assessment documented in the file.	
2	Was a psychosexual needs assessment conducted (Phase II and above)?	X			All 21 applicable residents had a psychosexual needs assessment documented in the file.	
3	Does the file contain a suicide assessment or suicide potential screening, if applicable?		X		Three out of 30 applicable residents did not have a suicide assessment or suicide potential screening documented in the file.	
Comprehensive Care Plans / Care Plans						
	For committed residents was a Comprehensive CARE Plan (consenting) or a CARE Plan (non-consenting) completed within 180 days of admission?		X		Two out of 22 applicable residents did not have a plan completed within 180 days of admission. The provider shall ensure that plans are completed within 180 days of admission for eligible residents.	Corrective Action Required
2	Did the Plan includes a DMS Diagnosis for Axis I, Axis II, Axis III?		X		Two out of 27 applicable residents did not have a DMS diagnosis included in the plan.	
3	Was information collected from the Comprehensive Needs Assessment incorporated into the Plan? (consenting)	X			All 22 applicable residents had information from the needs assessment incorporated into the plan.	
4	Does the Plan include input from the resident, other professions/team members and if appropriate family/supports?	X			All 24 applicable residents contained input documented in the file.	
5	Does the Plan include specific treatment benchmarks that are objective, measurable and observable and easily understood by the resident and team members?		X		Five out of 24 plans did not include this information. The provider shall ensure that the Plan includes benchmarks that are objective, measurable and observable.	Corrective Action Required

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
6	If the resident is taking pharmacological sexual arousal control treatments is this included in the CARE Plan?	X			All four applicable residents had information included in the CARE Plan.	
7	Did the Master's Level Clinical Therapist review the Plan with the entire assessment team and the resident every 180 days (6 months) and revise it as necessary?		X		Two out of 27 applicable residents did not have a timely review of their plan.	
8	Is the Plan signed by the Clinical Therapist, the Clinical Team Leader and by the resident?	X			All 27 applicable residents had a signed plan in the file.	
9	Does the resident file document a copy of the plan was given to the individual and legal guardian or guardian advocate (as required by consent status) upon completion for review and approval?		X		Four out of 25 applicable files did not contain documentation that the plan was provided to the resident. The provider shall ensure that the file contains documentation that a copy of the plan was provided to the resident.	Corrective Action Required
10	Were unscheduled reviews of the resident's treatment plan carried out whenever there was a significant or unanticipated change in that resident's circumstances or behavior? Examples of circumstances that merit unscheduled review are a health or mental health crisis, significant unexplained change in behavior or attitude, major rule violation, conflict with another resident or with a staff member, etc.	X			All three applicable residents had a review when there was a significant or unanticipated change.	
11	Are ancillary services integrated into the sexual offender treatment program as part of the Plan developed for each resident who elects to participate in sexual offender treatment?		X		One out of 15 applicable residents did not have ancillary services included in their plan.	
12	If the resident has special needs, including those persons with severe and persistent mental illness, those with mental retardation or developmental disabilities, and those with visual and hearing impairments has this been incorporated into the Plan?	X			All 11 applicable residents had information related to their special need incorporated in the their plan.	
D	Treatment					

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
1	Residents who are committed and consenting have received a minimum of ten (10) hours of sexual offender specific treatment each week? This only applies to residents in Phase II or higher.		X		<p>Four out of 14 applicable residents did not have documentation in their file that they attended a minimum of ten (10) hours of sexual offender specific treatment each week.</p> <p>The provider shall ensure that the resident files contain documentation of required hours of treatment each week.</p>	Corrective Action Required
2	If the residents refuses assessment and/or treatment these residents are reviewed at least every 180 days (6 months)? A form signed by the resident shall be maintained in the file stating that they were offered the opportunity to participate and they voluntarily refused to participate.		X		<p>Three out of nine applicable resident files did not contain documentation that they were offered the opportunity to participate and refused.</p> <p>The provider shall ensure that residents are offered the opportunity to participate in assessments and/or treatment. Documentation shall be maintained in the file showing that they were offered, but refused.</p>	Corrective Action Required
3	<p>If the resident is committed and has consented to treatment, have they been assigned to one of the three (3) Comprehensive Treatment Program (CTP) track?</p> <p>Conventional: This track is for residents who do not have entrenched antisocial values, attitudes, behaviors and do not have special needs.</p> <p>Corrective Thinking Track: This track is for residents who demonstrate difficulties with respect to entrenched antisocial values, attitudes, and behaviors</p> <p>Special Needs Treatment Track: This track is for residents who demonstrate intellectual (e.g., mental retardation), cognitive processing limitations (e.g., learning disabilities, acquired brain injury, etc.), or other difficulties not related to intelligence (i.e., difficulties regarding hearing, sight, physical ability, cultural competence.</p>	X			All 13 applicable residents have been assigned to one of the three Comprehensive Treatment Program (CTP) tracks.	
✓	Does the file contain documentation to support assignment to the CTP track?	X			All 13 applicable resident files contained documentation to support assignment to the CTP track.	

Attachment #

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
E	Clinical Progress Notes					
1	The resident is assigned a Master's Level Clinician who coordinates all aspects of a residents' progression through the FCCC for case management purposes?	X			All 31 applicable residents have been assigned a Master's Level Clinician.	
2	The Master's Level Clinician meets with and counsels the consenting resident at least once per week during the review period and documents pertinent information on the Integrated Care Note? For those residents who are not consenting only a monthly note will be included in the file.		X		One out of 31 applicable resident files did not contain documentation that the Master's Level Clinician met with the resident on a weekly basis.	
3	Is there a weekly summary notation during the review period in the resident's file when they participate in any group treatment, vocational, recreational, educational, case management, individual treatment or other organized activity?	X			All 21 applicable residents contained a weekly summary notation.	
4	Does the weekly note summarize observed resident attitudes, level of participation, progress in meeting activity objectives, and any significant interactions with either other residents or staff during the activity?	X			All 23 applicable resident files reviewed contained required information.	
F	Resident Release Plan					
1	Does the file contain a resident release plan? (committed & detained)	X			All 32 applicable resident files contained a release plan.	
2	Does the release plan indicates the resident's intended means of financial and personal support?		X		Five out of 30 applicable files did not contain information related to the financial and personal support of the resident.	Corrective Action Required
3	Does the release plan provide the resident with the location and phone numbers of various private and public social services entities in the community identified as the intended residence?		X		Five out of 31 applicable resident files did not contain information related to services in the community. The provider shall ensure that the release plan includes information related to community based services.	Corrective Action Required
4	Does the release plan includes the location where the resident intends to reside upon release, with street address, city, state and zip code?		X		Eight out of 31 applicable resident files did not contain information related to the location where the resident intends to reside upon release. The provider shall ensure that the release plan contains information where	Corrective Action Required

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
					the resident will reside upon release.	
III BEHAVIOR MANAGEMENT / C.A.R.E. SYSTEM (Consequences, Alternatives, Responsibility & Encouragement)						
1	<p>If the CARE Level has changed from the initial Level 4 does the file document a justification for the change?</p> <p>(Upon admission, each resident will be assigned a C.A.R.E Level 4, indicating Social Status. Residents who maintain C.A.R.E Level 4 for a twelve month period without a major rule violation or three minor rule violations qualify for C.A.R.E Level 5. Residents assigned a C.A.R.E Level 4 who accrue three minor rule violations or are charged with a major rule violation will be down graded to a C.A.R.E Level 3, indicating Intermediate Status. Residents assigned a C.A.R.E. Level 3 must remain without a major rule violation or three minor rule violations for a period of six months before qualifying for a C.A.R.E Level. Residents assigned a C.A.R.E Level 3 who continue to accrue at least three minor rule violations or are charged with a major rule violation will be assigned a C.A.R.E. Level 2, indicating Wing Restriction Status. Residents assigned C.A.R.E Level 2 will automatically be assigned the appropriate C.A.R.E Level commensurate with their behavior at the time they are discharged from Wing Restriction.)</p>	X			All four applicable resident files contained justification for a change in the CARE Level.	
2	If the resident was involved in a minor rule violation did they receive a hearing before a designated Hearing Officer, normally a Shift Supervisor or an Assistant Shift Supervisor. Review all minor incidents during the review period?		X		<p>Four out of nine applicable residents did not contain documentation that they received a hearing.</p> <p>The provider shall ensure that the resident file contains information related to the hearing from the rule violation.</p>	Corrective Action Required
3	If a hearing occurred did the resident receive a written summary of the hearing and the action(s) or restrictions(s) to be imposed by close of business the next work day after the hearing?		X		<p>Two out of five applicable resident files did not contain documentation that they received a written summary as required.</p> <p>The provider shall maintain documentation related to the hearing in the resident file.</p>	Corrective Action Required

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
4	If the resident appealed the decision and filed a grievance was it handled appropriately?	X			One applicable resident file contained documentation that they appealed the decision and it was handled appropriately.	
5	Does the resident have a specialized behavioral plan if they demonstrated specific behavior that could negatively influence their ability to live with full freedom of movement at the FCCC or live in the natural community of their choice?	X			One applicable resident file contained a behavioral plan as required.	
6	If a resident is placed in Secure Management, CARE Level 1, were they evaluated by nursing staff within two hours of placement?	X			Two applicable resident files contained documentation that they were evaluated within two hours.	
7	If the assessment by the nurse or clinician indicated an underlying mental health issue contributed to the behavior, was the psychiatrist called to assess the need for an emergency treatment order or possible placement in the inpatient mental health unit?	X			Two applicable resident files contained documentation as required.	
8	Depending on the level of isolation, was the resident monitored at specified intervals by health care and mental health care staff to determine general medical condition and mental health status?	X			All three applicable resident files contained documentation that they were monitored at specified intervals.	
9	If the resident qualified/s for a C.A.R.E Level change is there documentation that he submitted the Application for C.A.R.E Level Advancement to the clinical department for review?		X		One applicable file did not contain documentation as required. The provider shall ensure that a copy of the Application for C.A.R.E Level Advancement is maintained in the resident file.	Corrective Action Required
10	Does the file contain restraint episode summaries, if applicable?			X	There were no episodes of resident restraint in any of the resident files reviewed.	
11	Does the file contain authorizations for precautions - observation levels, if applicable?	X			Two out of two applicable files contained authorizations.	
12	If the resident is at risk of suicide is a suicide precautions observation sheet documented in the file, if applicable?		X		One out of two applicable resident files did not contain documentation that suicide precautions observations were conducted. The provider shall ensure that if the resident is at risk of suicide a suicide precautions observation sheet is documented in the resident file	Immediate Corrective Action Required

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
IV	PSYCHIATRIC CARE					
1	If the resident is receiving psychiatric care does the file contain a psychiatric assessment and updates at least yearly?		X		<p>Six out of 21 applicable resident files did not contain documentation that a psychiatric assessment that was updated annually.</p> <p>The provider shall ensure that a psychiatric assessment is conducted and updated at least yearly as required. Documentation of the assessment shall be maintained in the resident's file.</p>	Corrective Action Required
2	During intake the resident was assigned a Recovery Grade. If the Recovery Grade has changed since admission, does the file contain appropriate documentation of the reason for the change?		X		<p>Four out of 12 applicable resident files did not contain information as to why the Recovery Grade changed.</p> <p>The provider shall ensure appropriate resident files contain documentation of reason for any change to Recovery Grade since admission.</p>	Corrective Action Required
3	If the resident is receiving psychiatric services do they have a treatment plan that has explicit, measurable, objectives set and incorporated into the CARE plan?	X			All 17 applicable resident files contained a treatment plan with measurable, objectives set that was incorporated into the CARE plan.	
4	If the resident is receiving psychiatric services is there psychiatric follow-up with a progress note every 30 days contained in the file? At a minimum, documentation provides progress towards each goal and objective.	X			All 17 applicable resident files contained a note every 30 days.	
5	If the resident is receiving psychotropic medication is there a medication management review with a progress note documented in the file every 30 days?	X			All 11 applicable resident files contained documentation that the medication management review was conducted every 30 days.	
6	If the resident is participating in treatment groups is there a mental health unit clinical progress note documented in the file every 30 days?		X		One out of 13 applicable resident files did not contain a progress note every 30 days as required.	
7	Is there an Abnormal Involuntary Movement Scale (AIMS) documented in the file prior to starting anti-psychotic medications and it is reviewed at least every six (6) months, when applicable?		X		<p>One out of six applicable resident files did not contain an AIMS documented in the file that was reviewed every 6 months.</p> <p>The provider shall ensure all appropriate resident files contain documentation of an AIMS as required.</p>	Corrective Action Required

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
V	MEDICAL CARE					
1	Was the Admission Medical Screening completed within 24 hours? A qualified health care professional (RN, ARNP, Physician) should complete the exam?		X		Two out of eight applicable resident files did not receive an Admission Medical Screening within 24 hours. The provider shall ensure that an Admission Medical Screening is conducted within 24 hours of admission.	Immediate Corrective Action Required
2	When indicated by the clinical information, there is a prompt referral to the appropriate health care service (medical or psychiatric)? Significant findings will be reviewed with the physician or ARNP for further recommendations. The disposition of the resident (to general, special population or infirmary) is decided and recorded.		X		One out of ten applicable resident files did not document that a prompt referral was made.	
3	Was the resident orientated to the facility and its health care services within 24 hours of admission? The availability of health services and how to access these services shall be communicated in writing and orally upon the resident's arrival in a form and language they can understand.		X		One out of 14 applicable resident files did not contain documentation that they were orientated to the facility and its health care services within 24 hours.	
B	Comprehensive Health Assessment					
1	Was a Comprehensive Health Assessment completed within 7 days of admission? If the resident has had a comprehensive health assessment within the past twelve months, and the admission screening or transfer screening shows no significant change in health status, then the history, physical, and tests are updated as appropriate on admission and documented in the resident file.		X		Three out of seven applicable resident files did not contain a Comprehensive Health Assessment within seven days of admission. The provider shall ensure that a Comprehensive Health Assessment is conducted within seven days of admission.	Immediate Corrective Action Required

	Resident File Review Tool Performance Indicator	Rating			Notes and Comments	Corrective Action
		Strength	Opportunity for Improvement	NA		
2	If the resident has resided at the facility for more than a year the comprehensive health assessment was repeated? This includes any additional new history, medical history of the last year, a review, and a new review of systems. The physician determines the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations. These decisions will also be based on age, gender, health needs, and severity of existing health problems.		X		Two out of 29 applicable resident files did not contain documentation that that a comprehensive health assessment was repeated.	
C Dental Services						
1	Was a dental screenings performed within 7 days of admission to the facility, either by the dentist or a health care provider trained by the dentist?		X		Six out of nine applicable resident files did not contain documentation that that dental screening was conducted within seven days of admission. The provider shall ensure that dental screenings are conducted as required and documentation is maintained in the resident file.	Corrective Action Required
2	If the dental screening was performed by a health care provider trained by the dentist, did the dentist see the resident within 30 days of admission?	X			All seven applicable resident files contained documentation that the dental screening was performed by the appropriate person.	
3	Did dental health reassessments take place based on the resident's needs and was it done at least annually?		X		Three out of 30 applicable files did not contain documentation that a dental health reassessment was conducted at least annually.	

**Florida Civil Commitment Center
Health Care Services Monitoring
June 15-19, 2009**

Findings/Opportunities for Improvement:

Medical Record Keeping

The facility has made a significant effort to improve medical record keeping. The previously existing multiple records have been combined into one record. The new table of contents was last revised 2/5/08. The combined record is much more user friendly and demonstrates a more integrated process than what was seen in the past.

Record keeping is an ongoing process of refinement for several reasons; The records must meet the communications needs of the interdisciplinary team members providing services; it must demonstrate services provided meet prevailing clinical standards; and it must demonstrate that state and federal requirements and department procedures are being followed. The following are record keeping weaknesses that need improvement.

1. Eight of eight medical records contained illegible documentation, not all of the entries are dated and timed, and signatures are often illegible and do not contain titles.
2. "Pull record" was found to be written on lab slips, special studies, and consultation reports without a follow-up progress note found to be written by the reviewing practitioner. Improved documentation of communication of findings with the resident is also found to be needed in the medical record.
3. Verbal orders should only be taken from a physician in an emergency situation and the emergency should be so documented. The order should be signed by the physician before leaving the unit. Numerous telephone and verbal orders were found that had not been cosigned by the physician. A system should be in place to ensure these orders are signed with date and time of the signature so timeliness can be validated.
4. Medication orders were found on six of eight records that did not have corresponding notes by the prescribing practitioner.

Nursing Services

Please see Attachments 1 and 2.

1. Nursing Admission
 - a. Nursing Assessments are typically completed within twenty four hours of admission but the assessments are not found to be comprehensive. Nursing Assessments are not repeated during an individual's commitment to the facility. Only two of ten medical records reviewed had a current Nursing Assessment in the record and this was because the individual had been admitted within the past year. Initial assessments should not be purged. The men on the psychiatric unit and those residing in the infirmary should receive annual updated Nursing Assessments.

- b. Nursing care plans were not found for the men residing on the psychiatric unit and the infirmary. Nursing care plans with measurable goals and objectives need to be documented in these areas and be followed with monthly nursing progress review notes.
 - c. Health education needs of the men have not been identified and it was reported that there is an inadequate number of professional nursing staff to provide health education classes for the residents.
2. Follow-up of Chronic Illness
- a. Medical care plans were not found to be identified by the medical practitioner.
 - b. A system for routine follow-up of chronic medical problems and routine clinic recall was not found.
3. Assessment of Acute Illness
- a. Documentation of registered nurse assessments of acute medical problems was found to be inadequate in ten of ten records reviewed. The same findings were identified by the two facility monitors on the four records they reviewed.
 - b. Assessment of emergent health problems was not found to be adequately documented by nursing. Based on review of the sick call log, time frames for scheduling sick call appointments was not based on acuity of potential problems and were inconsistent with NCCHC standards. Referral to a higher level care provider did not appear to be consistently timely based on documented health care concerns recorded by the men.
4. Immunization Records
- a. No documentation of current DT/TT or refusal was documented on the records reviewed.
 - b. Current flu shots or refusals were not documented on the immunization records.
 - c. Reason for not offering the pneumonia vaccine for individuals who would benefit from the vaccine was not found on the medical records reviewed.
 - d. It is unclear if immunization records are not addressed by nursing or if the men were unfamiliar with their immunization history.

Medical Services

Please see Attachments 1 and 2.

There is a lack of privacy in the clinic area for men receiving examination and discussing medical problems with medical staff. Examinations and consultations are conducted without screens or shades covering windows and doors are left open to examination rooms. This is inconsistent with policy and procedure HLTH-11 which states that "*Healthcare encounters are conducted in private, without being observed or*

overheard by security personnel unless; the resident poses a probable risk to the safety of the health care provider."

1. A current Physical Examination was found in eight of ten records reviewed. The standard for Physical Examination as outlined in CFOP 155-1 was not met in ten of ten records reviewed. Areas of weakness include lack of comprehensive exam, lack of adequate documentation of neurological screening and referral for neurological consultation or reason for lack of referral when diagnosis suggests a need, no summary of findings, no clearly defined medical treatment plan, and no expected outcomes of treatment written in recovery language.
2. Chronic Illness Follow-up
 - a. A system for routine follow-up of chronic medical problems was not found. Six of seven applicable records did not contain documentation of the initial clinic visit physical examination and baseline diagnostic data related to individuals' chronic medical illnesses.
 - b. A comprehensive medical problem list was not found on six of seven applicable records reviewed. Five of six records did not contain a complete medical history related to each medical condition including the risk factors, previous treatment interventions, and initial diagnosis of the disease.
 - c. Five of six residents with chronic illnesses were followed at least every 180 days in the clinic. Progress of treatment and status of illness was often difficult to track because progress notes were not always legible, not all of a person's chronic problems are address during a clinic visit, and progress notes often lack adequate information regarding the rationale for the treatment plan or change in plan.
 - d. In four of six medical records, chronic clinic follow-up progress notes did not include a current set of vital signs and the man's current weight.
 - e. Three of three records of individuals with hypertension did not include routine cardiac examination, including assessment of pulses, presence/absence of bruits, and documentation of fundoscopic examination. One man did not have a repeat chest x-ray following an episode of chest pain in 3/09.
 - f. No chest x-ray was found on the record of one man with a positive PPD.
 - g. In two of two records of men diagnosed with asthma or pulmonary condition, the date of their last breathing problem and the severity of their attacks were not found to be documented.
 - h. The record of two men noted to have seizure disorders did not include the frequency of their seizures, date of their last seizure, a neurological consultation or a written explanation as to why a consultation was not indicated.
 - i. On one record reviewed, the man was prescribed Epivir but the reason for the prescription was not found in the record.

3. Sick Call

HLTH-2 requires nursing services to triage sick call requests within 24 hours. This was not found to be occurring timely based on documentation in the sick call log. Please see Attachment 4.

The monitors reviewed recent sick call visits for eighteen men and the sick call log between 4/30/09 and 6/16/09. Documentation suggests this process needs improvement. Documentation in the log book is incomplete, follow-up plan is not always found, and responses to requests are often not completed timely based on acuity of the listed concern. Information in the log leaves many unanswered questions for which documentation is not found in the medical records. It is unclear when men do not attend a scheduled appointment if they had received notice of the appointment, were able to leave the unit to attend the appointment, or if they actually refused to attend the appointment. These issues should be assessed to determine ways to improve the sick call process.

From the eighteen request sheets:

- a. Four of eighteen requests had no response.
- b. Eight of seventeen encounter forms did not contain documentation of a thorough assessment and treatment plan.
- c. In more than fifty percent of the cases reviewed, documentation did not support that individuals who needed to be seen by an advanced level provider were seen timely.
- d. Seven of thirteen consultant referrals were not conducted timely.
- e. Patient education was documented on only three of the eighteen records reviewed.

The following information was obtained from the sick call log, May 2009 entries:

- a. There were three hundred and eight seven (387) entries.
- b. Date of sick call request was documented in the log but the entries were not always in chronological order. It was therefore unclear if sick call requests were dated wrong by the men, not picked up timely by the nurse, or not recorded in the log on the day the sick call request was picked up.
- c. Fourteen (14) had a line through the entry without accompanying explanation..
- d. Fifty one (51) were requests to see the dentist.
- e. About twenty (20) complaints of back, hip, or neck pain were noted, numerous complaints of pain without location listed, numerous requests for renewal of pain medication, and four (4) requests for mattress pass were listed within the month. A review of pain potentially associated with small beds and very thin mattresses may be warranted.
- f. At least seventeen (17) entries noted numerous complaints without specifying any specific complaint therefore neither the appropriateness or the timeliness of referral could be determined.

- g. A triage pattern was not discernable. Individuals requesting medication adjustment or renewal were scheduled for an appointment in six (6) to nineteen (19) days.
- 1) One person requesting to be seen for a headache was noted to have a migraine history and was given an appointment nineteen (19) days from the request.
 - 2) One individual requesting to be seen for hip pain had no appointment date listed in the log.
 - 3) One individual requesting to be seen for a stomachache and another requesting to be seen for arthritis were both scheduled for an appointment twenty (20) days after their request.
 - 4) One man requested to be seen for constipation on 4/9 and was noted to have a second request on 4/29. He was not seen until 5/20.
 - 5) NA was noted after one man's request to be seen by Dr. Black.
 - 6) On 5/3 one man requested to be seen for back spasm and another man requested to be seen for lower back pain. Both were scheduled to be seen on 5/20. On 5/4, one man requested to be seen for back pain and he was scheduled for 5/12. Another man was noted with an unwritten request on 5/4 and he was scheduled to be seen on 5/8.

Scheduling of the following appointments is suggestive of a problematic process not meeting the medical needs of the residents.

- a. 5/3 complaint of asthma scheduled for 5/11
 - b. 5/4 request to be seen for urinary symptoms scheduled for 5/20
 - c. Written 5/11, received 5/13, complaint listed as *scabies tx.*, with appointment set for 5/28
 - d. 5/11 spider bite scheduled for 5/15
 - e. 5/11 possible pink eye scheduled for 6/2
 - f. 5/12 complaint of constipation scheduled for 5/26
 - g. 5/13 infection of penis with pain scheduled for 6/2
 - h. 5/20 noted as *pain on right side, on-going problem ASAP (per staff note)* – he was scheduled to be seen 5/28
4. Emergency Services

Three records were reviewed. There were three episodes of emergency services on one of the records, one of which the individual declared his dry eyes were an emergency. Documentation of assessment and services provided in emergency situations was inadequate and services that were documented did not reflect prevailing standards of emergency services for the conditions noted. Appropriate and timely follow-up of the events was not documented. Please see Attachment 5.

- a. In three episodes, the documented nursing assessment, plan, and follow-up were inadequate.
- b. Referral to a higher level of care was not made in two instances: 1. nitroglycerin was administered by the nurse to a man complaining of chest pain in absence of an order for nitroglycerin found on the record and without the physician being notified or 911 called; and 2. the individual complaining of dry eyes was not referred to the physician for evaluation of possible eye problem or medication side effect.
- c. In potential life-threatening situations, there was inadequate documentation to explain the circumstances of the events and what the treatment plans were for the individuals.
 - 1) One of the men was treated for chest pain with nitroglycerin and told to return to the clinic if the pain worsened.
 - 2) One man with a head injury was sent by life-flight to an emergency room and returned to the FCCC infirmary and then back to his pod in less than twenty four hours of the injury without a monitoring plan noted.
 - 3) One man was sent to the emergency room and returned to his pod without information regarding emergency room instruction on his record and instructions were not noted to be reported to the resident or staff.

5. Infirmary Care

The medical records of three patients in the infirmary were reviewed. Documentation of medical and nursing assessment, services provision, and follow-up is inadequate. Use of psychotherapeutic medication in the infirmary is not consistent with department policy or the Florida Administrative Code. Please see Attachment 6.

- a. The physician or ARNP was notified timely of the admission in two of two records.
- b. The history and physical was completed timely in one of two records.
- c. Daily rounds notes were not present from the ARNP or the physician. It was reported that rounds occurs daily but are not documented. Weekend phone rounds with the physician or ARNP should also occur and be documented.
- d. The nursing admission on three of three records did not provide a comprehensive assessment and a nursing care plan. One admission assessment was not signed by a registered nurse. Nursing ongoing documentation did not provide information regarding the man's progress toward discharge. Vital signs are not recorded once on each shift.
- e. Neither the physician/ARNP nor the registered nurse documented a discharge summary and did not record appropriate education and instructions were provided to the resident. There was no indication a follow-up clinic appointment was scheduled.

- f. Emergency Treatment Orders were written in the infirmary in absence of a documented emergency situation and in absence of consent.
- 6. Laboratory Tests – Findings in this area were good with some refinement recommendations.
 - a. Admission or most recent RPR should remain on the active medical record. The most recent of any test not routinely repeated such as Hepatitis Panel, should not be purged from the active record.
 - b. Eight of eight records reviewed contained current CBC and fasting glucose. Seven of eight records contained a total cholesterol and EKG. PPD status and follow-up was documented on the records reviewed.
 - c. A current urinalysis was not found on three of eight records.
 - d. Documentation of HIV testing being offered, ordered, or refused by the man needs improvement. Consent and/or pre and post test counseling was missing on four of the eight records reviewed.
 - e. Stools for occult blood need improved monitoring. Reason why six of eight men did not have this test completed was not noted in their record. Documentation frequently found on examination was “deferred” without reason why the test was deferred. Follow-up was conducted on the one man who was found to have blood in his stool.
 - f. It was not documented why three men did not receive a PSA test. This is recommended for all men 50 years or older and for African-American men 40 years or older.
 - g. It was unclear on the records if sickle cell testing had been completed for affected nationalities.
- 7. Consultations
 - a. Consultation or follow-up of consultation was found to be missing on three of eight records reviewed.
 - b. Consultations did not occur as ordered by the physician on two of eight records.
 - c. Documentation does not support that ophthalmology consultations are being routinely scheduled for individuals with diabetes, hypertension, and those prescribed phenothiazines.
 - d. Consultants’ reports are often illegible. Hand written consultation reports are typically followed-up with a typed report which is an excellent practice. It is recommended the optometrist’s reports and recommendations be typed as well.

Psychiatric Services

Please see Attachments 1 and 2.

1. Psychiatric Evaluation

- a. An admission Psychiatric Evaluation or annual updated evaluation was not found on eight of ten records reviewed.
 - b. Psychiatric Evaluations on ten of ten records reviewed did not include all of the domains as outlined in CFOP 155-1 and recognized by the American Psychiatric Association as components of a comprehensive evaluation.
 - c. Individuals admitted on psychotherapeutic medications do not always have a psychiatric evaluation completed within 72 hours of admission.
 - d. Three of four individuals with a history of substance abuse problems were not receiving recovery services in this area.
2. Psychiatric reviews were missing on only one of the ten records reviewed. More clearly defined target symptoms and expected outcome of treatment would improve the review process. Reviews on four of the records contained inadequate assessment of progress. Individuals who express anxiety and motor restlessness present a complicated problem that must include documentation of assessment of the behavior as a pharmaceutical side effect or a symptom of psychosis.

Pharmacy and Therapeutics (P&T) Committee

1. A review of the 2008 "Pharmacy Department Continuous Quality Improvement (CQI) All-In-One Dashboard" identifies key indicators being tracked by the Pharmacy and Therapeutics Committee: Poly Pharmacy Alerts, Drug-Disease Contraindications Alerts, Drug-Drug Interaction Alerts, Incorrect Prescription Alerts, Drug Allergy Alerts, Staff Education or In-services, Infection Control Alerts, Lab Monitoring Alerts, Peer Review Recommendations, Policy Issue Alerts, Adverse Drug Reactions, and Non-Formulary Med Alerts. Data are presented in terms of numbers of events on a monthly basis.
2. A review of Pharmacy and Therapeutics Committee minutes for May 13, 2008, August 19, 2008, February 17, 2009, and May 12, 2009 was done. Meeting minutes focused on pertinent information, including Medication Safety and Monitoring, Continuous Quality Improvement Program and Pharmacy Interventions, as well as the pending move to the new facility on April 9, 2009 and the purchase of computerized medication dispensing machines to be stocked with inventory. Participants in the meetings were listed on the meeting minutes. Sign-in rosters were not included with the materials sent to this reviewer.
3. Medication variance outliers were identified on the basis of benchmark data (BM); it is unclear as to how benchmark data were arrived at. Other outliers were identified without the use of any benchmarks.
4. Once outliers were identified, they were addressed in an action plan. For example, one identified outlier, Medication Safety, was analyzed via a root cause analysis process which determined that orders not pulled for pharmacy processing, order of non-formulary drugs without Medication Exception Request (MER) approval, and

continued use of non-approved abbreviations, etc., were root causes that compromised Medication Safety. Interventions were listed along with a generic timeline (3 months). The "Persons Responsible" column listed a department rather than a department representative who would be held accountable for the process.

5. The facility has developed policies that address the use of anti-androgen medications and Serotonin Reuptake Inhibitors for the purpose of providing pharmacological treatment for select residents consenting to Sex Offender Specific Treatment when it is medically and clinically indicated.
6. Policies that are in support of CFOP 155-1 include, "Development and Review of Medication Protocols," "Monitoring For Abnormal Involuntary Movements," (which describes in great detail the routine monitoring for Tardive Dyskinesia, the process for acquiring inter-rater reliabilities for residents who may demonstrate movement disorders, and the documenting and tracking of ratings), "Monitoring for Psychopharmacologic Medication and Antiepileptic Drug Side Effects," (which describes the routine monitoring for side effects, and documenting and tracking of scores), "PRN Psychotherapeutic Medication Administration and Documentation," "Medication Exception Requests," "Informed Consent for Psychotherapeutic Medications," and "Medication Administration and Records," which describes the process for receiving and transcribing verbal and telephone orders.
 - a. Medication Protocols have been developed for Antipsychotics (typicals and atypicals), Lithium, Depakene, Tegretol, Statins, Dilantin, Warfarin, and Digoxin.
 - b. According to the policy, "Medication Administration and Records," telephone orders must be cosigned by the prescriber within 72 hours from the time the order is given. A review of records indicates that this is not occurring.
7. Other policies that cover medication use include, "Monitoring of Anti-Coagulant Therapy" and "Medication Adverse Reaction."
8. The Pharmacy and Therapeutics Committee has the benefit of having a strong, committed team, in addition to a facilitator/consultant who plays a pivotal role in Pharmacy and Therapeutics Committees in other GEO Care facilities. Brian Bulfur, President of Advanced Pharmaceutical Consultants, is closely linked with the Pharmacy and Therapeutics processes at a number of GEO Care facilities and has been involved in the implementation of a variety of key practice initiatives, to include the computerized medication dispensing system which has been shown to provide accuracy and accountability of all medication-related transactions in other facilities.

Pharmacy and Therapeutics (P&T) Committee Strengths

1. The development and implementation of robust facility policies/procedures/protocols that govern the use of psychotherapeutic, antiandrogen, and other medications within the facility.
2. A systematic review of key indicators via the CQI Dashboard highlights a systematic process of data review that is under the purview of the Pharmacy and Therapeutics Committee.

3. The Pharmacy and Therapeutics Committee has the benefit of having a strong team, along with an energetic facilitator/consultant who has been involved with the introduction and implementation of key practice initiatives.
4. The use of the computerized medication dispensing system, which has been identified as a Best Practice initiative.

Use of Psychotherapeutic Medications

Please see Attachments 1 and 2.

1. Psychotherapeutic Medication Treatment Planning
 - a. The psychotherapeutic medication treatment plans on seven of eight applicable records was not comprehensive, did not include identified target symptoms for the medications prescribed, and expected outcomes of the medications written in recovery language.
 - b. Congruence was not found between diagnoses, target symptoms and prescribed medications in four of six records.
 - c. The psychotherapeutic medication treatment plan was not integrated with the overall treatment plan in four of six records reviewed.
2. Express and Informed Consent
 - a. An individual's ability to provide express and informed consent must be documented upon admission assessment by the medical physician or the psychiatrist. This was not found on seven of eight records reviewed.
 - b. Consent was not present or was outdated for the current medication regimen in three of ten records reviewed. Informed consent was not found on any of the ten records reviewed. Consent forms were not found to be appropriately filled out. The reason for the medication was noted as the diagnosis without noting the target symptoms the medication would address. The expected outcomes of each medication were not defined and should have been noted in measurable, behavioral terms. The sections for the appropriate information sheets about the medication and side effects were usually not checked on the form as provided.
3. Pro Re Nata (PRN) Psychotherapeutic Medication Use
 - a. The psychiatrist has not clearly defined the target symptoms for which the nurse is to administer PRN psychotherapeutic medication. When target symptoms are noted solely as agitation, the appropriate administration of the medication is difficult to determine. In four of four applicable records, the psychiatrist did not adequately define the parameters for PRN use and the psychiatrists' reviews did not demonstrate assessment of the efficacy of the treatment regimen with justification for continuation of the PRN orders.

- b. In four of four applicable records, the nursing documentation was insufficient in describing target symptoms that were being exhibited for which the PRN medication was administered.
- c. PRN medication use should be closely monitored by the nurse and psychiatrist. The nurse must therefore inform the psychiatrist of the frequency and efficacy of the medications administered. At a minimum, nursing must provide the psychiatrist with a monthly review when administering PRN medications. Adequate monitoring was not found to be documented by the nurse or the psychiatrist.

4. Emergency Treatment Order (ETO)

- a. Documentation of emergency treatment was inadequate in four of four records that contained ETOs. The rationale for use of a psychotherapeutic medication ETO needs improvement and must include clearly defined target symptoms describing the significant and imminent risk of harm to the person or others. Words like agitation or anxiety should not be used unless the progress note includes how these symptoms are being exhibited and what the associated risks are.
- b. Physicians' signature was not always found with the order. The signature must include the date and time it is placed to the order so the reviewer can validate the order was signed, as required, within 24 hours. The FCCC policy for signing telephone orders allows the physician 72 hours to sign the order. With ETOs, the telephone order must be signed by a physician within 24 hours.
- c. The physician must also include a progress note of review of the individual with each ETO prescribed.

Comment: The following is from the Florida Administrative Code for Emergency Treatment Orders: *A medication ETO is a physician's order for administration of rapid response psychotherapeutic medications for a person to expeditiously treat symptoms, that if left untreated, present an immediate and significant danger to the safety of the person or others. The physician or the nurse must describe the specific behavior which constitutes a danger to the person or to others in the facility, and the nature and extent of the danger posed. The ETO must be consistent with the least restrictive treatment interventions for the individual. The physician's order may be by telephone but the order must be reduced to writing upon receipt and signed by a physician within 24 hours. The order requires a physician's documentation of review of the person's condition for causal medical factors, such as insufficiency of psychotherapeutic medication blood levels, as determined by drawing a blood sample; medication interactions with psychotherapeutic or other medications; side effects or adverse reactions to medications; organic, disease or medication based metabolic imbalances or toxicity; or other biologically based or influenced symptoms.*

- 5. A Medication Exception Request (MER) was not found for one resident currently prescribed five or more psychotherapeutic medications.
- 6. Side Effect Monitoring needs improvement.
 - a. Four of nine records did not have a current AIMS rating completed by the psychiatrist to monitor for abnormal involuntary movements.

- b. Eight of nine records did not have nursing side effects monitoring tools on the records. These reviews should be initiated and include a physician's review documented on the monitoring tool by the psychiatrist. Currently, most facilities are using the Monitoring of Side Effects Scale (MOSES).
 - c. Symptoms exhibited by the men are not routinely reviewed by the psychiatrist as potential side effects of the prescribed psychotherapeutic medications—such as documented tics and tremors, increased TSH level, anemia, dry mouth reported by the dentist (possible anticholinergic effect), and agitation versus akathisia.
7. Medication Precautions: Necessary precautions while taking psychotherapeutic medications were not noted to be happening. This was exemplified by men outside without water and no evidence sunscreen was offered. Antipsychotic medications may increase sensitivity to sunlight. Even brief exposure to sun can cause severe sunburn or a rash. Becoming overheated during exercise or in hot weather can lead to heat stroke. Another example, individuals prescribed lithium can urinate more frequently, which can lead to dehydration. Dehydration can increase an individual's risk of toxicity. Individual and staff education are crucial in preventing toxicity.

Pharmacological Interventions to Address Deviant Sexual Arousal

There are two primary types of medications used in the treatment of sex offenders:

1. Selective Serotonin Reuptake Inhibitors (SSRIs)
 - These medications are commonly prescribed for depression. They also reduce sexual interest and can also reduce aggression, decrease deviant fantasies, empower people to better manage their behavior, and reduce the intensity of compulsive aspects of sexual offending. These medications were found to be prescribed at FCCC for men who wish to utilize this therapy. Informed consent was not consistently found in the medical records and should be obtained and documented routinely prior to prescription.
2. Antiandrogens—used for what some call “chemical castration”
 - These medications drastically reduce testosterone which reduces sex drive and the ability to have an erection. It was noted on at least one record that this medication therapy had been requested by a resident. Rationale for not providing this treatment as requested to further the man's treatment and potential for discharge was not found.

Use of Force

Ten episodes of use of force were reviewed. Please see Attachment 7.

1. Staff routinely escort residents to the clinic for assessment following episodes of use of force.

2. A resident's refusal to be seen is not always noted on a refusal form with a witness signature if the man refuses to sign the form. Assessments do not appear to be attempted at a later time when the man has calmed down.
3. Nursing assessments of incidents are completed but are not always thorough.

Containment

Ten episodes of containment (secure management) were reviewed. Further review and improvement of this process is recommended. Improved documentation of the process is needed, especially the nursing assessment provided prior to containment. Please see Attachment 8.

1. Staff typically escort residents to the clinic for a pre-confinement nursing assessment.
2. Confinement is typically used for major violations by the men. FCCC PRG – 11 defines a major violation as any rule violation that includes serious behavior that places or threatens another individual with imminent danger or compromises the safety or security of the facility. One person placed in confinement was noted to have been singing loudly and dancing in the halls. When told he was being written up, he began shouting obscenities toward the staff. As written, this did not appear to be a major event involving threats or imminent danger. He was placed in secure confinement for fifteen days, until his hearing and disposition.
3. Eight of the ten episodes reviewed involved individuals at grade R3, living in the general population with mental health services/treatment. Documentation of nursing assessments does not support that sufficient assessments are being conducted to determine whether the event was potentially exacerbation of illness or a behavior event and what the extent of individual risk was. One person was placed in seclusion instead of being taken to containment. How that decision was made was not documented. The psychiatrist was called in this case for an order to treat with psychotherapeutic medication. The use of therapeutic treatment versus chemical restraint needs to be considered and differentiated. The man was then stripped, provided a shroud, and placed in seclusion with one to one supervision. If staff felt this incident was illness related, as per FCCC CL-12, when placed in seclusion, the man should have been provided clothing appropriate to temperature, comfort, safety and dignity. The criteria for release should have been documented and he should have been informed of the criteria. It was unclear if the RN had been authorized by the facility to provide the one hour examination or if he had to be seen by the physician. Documentation of one hour assessment and his time out of seclusion was not found. An order for seclusion should have been obtained from the physician and documented. It should have been noted that the resident was removed from seclusion within four hours or another order should have been obtained from the physician if the person was still presenting a risk of harm to himself or others.

Internal Quality Assurance Monitoring of Implementation of CFOP 155-1

Four medical records were reviewed by two facility monitors and one PDMH monitor to assess inter-rater reliability between monitors. The findings are outlined in the Medical Record Monitoring Tool on Attachment 1. To improve the facility internal monitoring and quality improvement process, the following is recommended:

1. The facility monitors need to review both "presence on the record" and if the "standard (is) met" for each item on the monitoring tool based on the interpretive guidelines found with CFOP 155-1. The majority of the standards met section on the monitoring tools was left blank by the facility monitors.
2. The facility monitors marked present on the record for the annual updated psychiatric evaluation. This was not found on eight of ten records reviewed by the PDMH monitors. It is unclear what the facility monitors considered an updated evaluation. The PDMH monitors did find progress notes but those did not meet the requirement for annual updated evaluations.
3. A process for routinely reviewing a statistically reliable random sampling of records of individuals prescribed psychotherapeutic medications should be in place with constructive feedback to the professional staff. Areas to concentrate on at this time should include improving the documentation of informed consent, filling out the consent forms with all necessary information, clearly defining psychotherapeutic medication treatment planning with identification of target symptoms and expected measurable outcomes, documentation of individuals' input in the development of psychotherapeutic medication treatment planning, and nursing and psychiatric documentation of rationale and justification for use of emergency treatment orders and PRN interventions. This is especially crucial when multiple incidents of STAT psychotherapeutic medication interventions are utilized.

Competency-Based Training

1. The facility has recently developed an extensive in service program that has been in place for approximately six weeks; all staff have the opportunity to obtain a quality learning experience through: (1) an in-depth orientation program with mandatory annual reviews; and (2) competency based psychotherapeutic medication side effects training.
2. Psychotherapeutic Medication/Side Effect Training is entitled, "Basic Psychopharmacology." The curriculum consists of a PowerPoint presentation that highlights the actions of Psychotropic Medications, a discussion of side effects versus adverse effects, a comparison of atypical and typical antipsychotics, and a review of Extrapyramidal Symptoms (EPS) as well as "The New Generation of Side Effects," which highlights Metabolic Syndrome (Syndrome X). Side Effect profiles for specific medications such as Clozaril, Risperdal, Zyprexa, Seroquel, Geodon, Abilify, Invega are covered in depth. Antidepressants, Mood Stabilizers, and Anxiolytics are also discussed. The stated responsibilities of staff in the identification of possible side effects from psychotherapeutics are summarized as follows:
 - a. Educate patients about the side effects they may experience;

- b. Recognize side effects when they occur; and
 - c. Report side effects as indicated.
3. Based upon information provided the reviewer prior to the review the training cycle begins and ends with the calendar year. During 2006, a total of 57 staff were reported to have successfully completed Basic Psychotherapeutic Medication Training. During 2007, 351 staff received training. During 2008, 259 staff received training. January 2009 – April 2009, 38 staff received training. This reviewer did not receive scores for the staff who completed the training as scores are reportedly entered into the Access database on an individual basis and can only be retrieved in the same fashion. There is no current method for accessing employee attendance rosters with test scores. This should be considered for further assessment of the training process at FCCC.
 4. An interview with the newly appointed Training Administrator, Mr. Richey, was conducted. He presented this reviewer with an action plan that was based on the results of a self-audit, which occurred in March 2009. One of the identified actions is to update inservice training to competency based training. He has recruited numerous training resources to support his efforts, to include Kevin Timco, Treasure Coast, to assist with the development of the Psychotherapeutic Medication Side Effect Training for nurses and staff, MOSES training for nurses, and AIMS training for physicians. The first session of competency based MOSES training was presented by Mr. Timco the week prior to this review. The target date for completion of this training is 8/31/09.
 5. The Pharmacy & Therapeutics Committee meeting minutes (see the minutes dated May 12, 2009) indicate that education is provided as requested from residents or medical staff. APC-Pharmacists attend nursing meetings and provide training in-services or educational information through written or oral communications. Mr. Stemm, the APC-Pharmacist, conducts medication classes on a monthly basis, while Mr. Bulfur conducts an annual training.
 6. The success of any training program is determined by how well the educational component is reflected in the practice component.

Competency-Based Training Strengths

1. A newly appointed Training Administrator who proactively conducted a departmental self-audit to identify strengths/weaknesses; he has taken the initiative to utilize resources from other facilities to quickly develop and implement a comprehensive training program.
2. The APC-Pharmacist and Consultant Pharmacists provide monthly/annual training to medical/nursing staff.

Dental Services

Please see Attachments 2 and 3.

The Dentist reported he provided service to the men at FCCC on two, ten hour days. He has one assistant working under his supervision on the two ten hour days a week

that he is at the facility. She also works another five hours a week cleaning the dental operatory and equipment and preparing for dental services delivery. The dentist reported he was able to adequately meet the dental needs of the men at FCCC with his twenty hour a week schedule. This could not be validated as the dental tracking system for services needed and provided was unclear. Oral screening is to be done within seven days of admission and an oral examination is to be completed within thirty days of admission. Based on record reviews, it did not appear that five of eight men were seen timely in the dental clinic. The following weaknesses were found with the dental service system.

1. Dental documentation of services provided is illegible on the medical records. Eight records were reviewed with one being a newly admitted man without a dental consultation completed yet.
 - a. Current dental health questionnaires, completed by the resident, were found on three of seven records. The other four records had questionnaire but they were outdated. The only questionnaire in one record was dated 2/20/02.
 - b. The dental treatment assessments on the records did not include an allergy section therefore documentation of specific allergies or "no known allergy" was missing on eight of eight dental assessments reviewed.
 - c. The dental plan on three records was not current.
 - d. X-rays were found on four of eight records. The monitors were unable to confirm that this standard had been met. *(An adequate number of appropriately mounted and identified radiographs of diagnostic quality are required.)*
 - e. Materials used and the type and amount of anesthetic agent used had been documented on one of three applicable records. There was no documented evidence that post treatment instructions were provided.
 - f. Oral hygiene instructions were reported as being provided by the assistant but this was not recorded in seven of eight records. The dentist reported tooth brushes and tooth paste were provided with dental prophylaxis but dental floss was no longer allowed to be provided. Upon review with administrative staff, the men can receive dental floss on a pick. Provision of floss on a pick for oral hygiene as needed should be reviewed.
2. The dental sick call process does not appear to ensure men are seen when they report a problem and request to be seen. The men's sick call requests are placed in the general sick call log. The dentist reported the men are usually seen on his next day at the facility. The secretary reappoints men as necessary, if they are not seen. It was reported that "sometimes patients fall through the cracks but we catch up with them". Review of the sick call log revealed several entries requesting dental services with no appointment date noted. The following are four examples of the nine dental entries in the sick call log of individuals requesting to be seen that seem to have "fallen through the cracks" between 6/1 and 6/15/09. No date of service was documented for the following requests:

- a. 6/7/09 [990065 – dental pain] and [990619 – gums bleeding]. Triage was noted the same day without any appointment noted.
 - b. 6/3/09 [99341 – emergency dental care] and [990632 – gum infection]. Both were noted by the triage nurse in the log book on 6/5/09 without any appointment date noted.
3. The dentist reported that one of his goals for the coming year was to reduce the number of “dental refusals”. The review team would suggest that the problem be further assessed as it was unclear if “no shows” were “dental refusals” and how many missed appointments were men not able to leave the pod or not informed of their appointment.
4. The prosthodontics tracking mechanism did not appear to be well maintained. At least thirty seven men were on the list at different stages awaiting dentures. The dentist reported there is a long period of time between ordering and receiving the dentures. Of the eight records reviewed, one man had no teeth and had requested dentures and one was missing teeth. No dental plan was found to address either man’s concerns.
5. Privacy is not provided for men receiving dental treatment. A security camera is constantly watching the operatory. The dentist reported that curtains were put up but security staff insisted they be removed. Patients are easily observed during treatment by peers, security staff, and non-dental staff. Individuals should have privacy during treatment unless there is an individual specific security concern.

Dietary and Kitchen Services

Please see Attachment 3.

Per National Commission on Correctional Health Care (NCCHC) Guidelines for the Management of an Adequate Delivery (Health Care) System, “*mealtime is one of the more significant events in the routine of prison or jail life. ...Therefore, inadequacies in food service sanitation can result not only in food-borne illnesses, but also can be the source of discontent and unrest in a prison.*” They recommend compliance with the Food Code of the Food and Drug Administration.

On every unit the PDMH mealtime monitors visited, multiple men commented on the poor quality of the food they received and that meals were served cold and were unappealing. They complained that meals were often the same, the food received was inadequate, and no snacks were provided without a doctor’s order. While this was not found to be the case during meal this monitoring, many men requested the monitors visit more frequently so they could receive more, good, hot meals.

On one unit, the tables were so close together, attached to the floors, that there was not enough room for the men to sit directly to the tables. Chairs had to be at an angle so men could sit for their meal.

Review of the kitchen revealed a clean, well organized, and efficient team of staff and resident workers preparing meals and trays for delivery to the pods. Trays were prepared from hot food maintained in steam containers. Cold foods such as salads are

added to the trays with the hot foods. Food trays are prepared and stacked for delivery to the pods while the resident count was being conducted. When the count was completed, food trays begin to move to the pods. Food temperatures were checked while trays were being prepared by kitchen staff and again checked when the first set of trays went to the first pod. Temperatures varied between the tray line preparation and when resident received food on the pod. Hot foods on the tray line were found to be 140 degrees and above. If food was not 140 degrees, it was removed and reheated. Hot food when served to the men on the pod was above 100 degrees except for one turkey meal which was found to be at 99 degrees, a bit low. Cold and hot foods stored and served on the same tray appear to cause hot food temperatures to decline and cold food temperatures to rise. As this was noted by the men to be a chronic and significant concern, further evaluation and refinement of the process of food delivery by FCCC staff is warranted.

The facility has hired a new dietician who is currently assessing and updating dietary services. She indicated that her review to date has found meals served at FCCC to be nutritionally adequate. Meals observed by the monitors were attractive and served within an acceptable temperature range. Meals eaten at the facility by the monitors were appealing and palatable. It was reported that the FCCC kitchen serves no pork. A full Kosher diet is available for Jewish residents.

The dietician reported that part of her role at the facility will be to work with individuals that have nutritional issues. She will be performing nutritional assessments, working with interdisciplinary teams and residents, monitoring therapeutic diets, and monitoring the kitchen process to ensure individuals are receiving diets as prescribed with consideration of dietary preferences.

FCCC has a well stocked canteen with appealing snacks. Unfortunately, everything visible from the outside is not available to the men for purchase on a daily basis. The men can only purchase ice cream or a cold drink at the canteen. These items were to the side and out of view. The tempting snacks are only available to staff. The men may place an order for snacks once a week and receive them if they have money available in their account. This process should be revisited and an array of healthy, "heart smart" snacks should be included. If the snacks are not available to the men during the week, they should be placed in an employee only area and not out for display for the men to walk past daily.

Environmental Health

1. All housekeeping duties were reported to be carried out by FCCC residents. No policies or procedures were found to address this program and specific cleaning procedures. The NCCHC recommends the facility have a comprehensive housekeeping plan that identifies what is to be cleaned, at what frequency, by whom, and how, and who is responsible for evaluating cleaning effectiveness. The evaluation of housekeeping is identified by the Commission as a critical process that should be in accordance with American Correctional Association Standards 3-4310, American Public Health Association Standards B-5 and F-2, and NCCHC P-15 and

J-13. These were not found to be the practices at FCCC. Areas of weaknesses included:

- a. When questioned, FCCC staff were unclear about dilution of cleaning chemical and dilution of bleach as to what ratios was being used and what ratios should be used for different types of cleaning. They were also unclear as to what ration was being dispensed by the machine used to dilute the chemicals. The solutions were found to be replaced in containers without date of dilution. Some of the labels were illegible and falling off the bottles.
 - b. The procedure for cleaning floors was unclear. Observation and discussion with resident housekeepers suggests lack of adequate training and staff oversight of housekeeping. One resident reported receiving both a red cleaning chemical and bleach most days, sometimes he received only one or the other. The day of monitoring, he reported he had received only bleach but he was instructed not to use bleach on the floor so he was cleaning the floor with hot water that day.
 - c. Cement floors on the pods were reported to have been sealed. While some areas of the floors appeared to be shiny, some areas, particularly around steel columns appeared to be porous. The men reported the floors are very slippery when wet. The cement floors give the pods a garage-like appearance. There are many floor covering options for concrete floors and coloring the floors would significantly improvement the environment.
 - d. The stairway on the two story honor dorm was found to have an excessive amount of dust in the steel ridges of the stairs. This reviewer was informed the stairs are not routinely cleaned.
 - e. Mops and buckets were found on every unit in the main living area. Many buckets contained dirty water. Mops were sitting in the buckets with dirty water. It was reported the units had no storage area for mops and buckets, other housekeeping equipment and cleaning chemicals.
 - f. The noise level within the facility was found to be extremely high. Exposure to excessive levels of noise can adversely affect the health, safety, and morale of the residents and staff. FCCC has taken the initiative to add acoustical tiles to lower the noise transmission.
 - g. The facility may wish to consider the possibility of affording residents with night working assignments separate housing to accommodate their work-sleep regimen.
2. Cleaning procedures for specialized areas such as the infirmary, clinic, and kitchen were not identified.
- a. Clean towels for residents were kept on the housekeeper's cart in the infirmary. No linens were found in the infirmary linen closet.
 - b. Garbage pails in the clinic and infirmary were not covered.

The facility is not in compliance with the following policies and procedures:

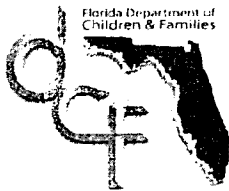
1. HLTH-13. Sharps: Razors that the men have used are being handed to a staff member who places the used razor in a small cardboard open topped container at the control booth. This is not a red, labeled, puncture resistant container. At a later time, the razors are reported to be transferred to a sharps container by another staff member. The staff member consulted did not know where the containers were maintained or frequency of razor removal. Per facility policy SEC-11. Razor Control: Used razors are to be placed in a five gallon bucket in the secured control booth. No bucket was found on the pod observed.
2. HLTH-13. Sharps: Sharps containers that contained other than sharps such as contaminated gauze and syringe wrappers were not dated so it was unclear if these containers were removed from use within thirty days.
3. HLTH-13. Red Bags: Red bags for contaminated laundry were not found in the infirmary.

Communicable Disease and Infection Control The facility currently has no Infection Control Practitioner but is considering a half time position assignment for one of the nurses. During the review, two Corporate Infection Control Practitioners were at the facility. They reported they were working on an Infection Control Policy Manual for the facility. The formation of an Infection Control Committee is essential for health promotion and disease prevention at the facility.

Based on review of current facilities policies and procedures, it is unclear if the facility practice is to use standard or universal precautions. HLTH-13 states "*Strict adherence to universal precautions.....will be maintained*". HLTH-14 Title is: Infection Control Program: Standard Precautions.

The facility is not in compliance with the following policies and procedures:

1. HLTH-12. The facility reported they do not currently have a functioning Infectious Disease Committee. There were no indication infection control policies and procedures had been reviewed by an infection control committee or even by an infection control qualified health care practitioner. Development of the Infection Control Policy Manual and a Housekeeping Manual should be considered essential for environmental health and safety.
2. HLTH-13. Immunization Status. Per policy, individuals' "*immunization status will be determined and updated upon intake to the GEO facility.*" This was not found to be recorded on immunization records in the residents' medical records. The National Commission on Correctional Health Care recommends that if the individual does not know the required information, the appropriate vaccine(s) should be administered.
3. HLTH-14. Clean Up Process. The operating procedure does not define the requirements for cleaning blood spills or spills of other potentially infectious materials. Staff members and residents responsible for housekeeping were unable to define the process when asked.



**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George H. Sheldon
Interim Secretary

October 15, 2008

Dale Frick, Vice President
Project Development and Client Relations
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Mr. Frick:

Please find enclosed the reports from the Department's June 9-11, 2008 Programmatic Contract Monitoring and June 25-26, 2008 Facility Contract Monitoring at the Florida Civil Commitment Center.

Our monitoring team found the Florida Civil Commitment Center staff to be extremely cooperative and attentive, which greatly facilitated the monitoring process.

Of the 95 programmatic areas reviewed, 90 fully met or exceeded requirements, 2 were conditionally acceptable, 2 were unacceptable, and 1 was not applicable. For the facility portion, 35 areas were reviewed, where 25 areas were fully met or exceeded requirements, 4 were conditionally acceptable, 4 were unacceptable, and 2 were not applicable. Please provide a detailed Corrective Action Plan (CAP) by November 17, 2008 for those areas identified in the attached reports. The CAP should detail the implementation of significant phased improvement in the identified areas within 30 days.

Again, the Department would like to thank you and your team/staff for all of your hard work. If you or your staff have questions regarding the report or direction of the correction action plan, please do not hesitate to call me at (850) 488-3250.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joy Neves', is written over a large, stylized circular flourish.

Joy Neves
Chief, SAMH Contract Management

cc: Kate Lyon
Suzonne Kline
Sally Cunningham
Timothy Budz

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700



Programmatic Contract Monitoring

June 9-11, 2008

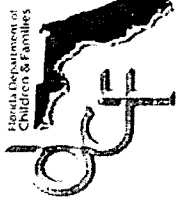
Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

	Rating					Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
Performance Indicator	1	2	3	4	N/A	Ratings Based Upon: I = Interview O = Observation D = Documentation

I. Task List

I. Task List									
1. The provider will provide and oversee all perimeter security for the facility. This will consist of continuous monitoring of the inside and outside perimeter fences and the microphonic and microwave alert systems, and conducting physical manned patrols of the outside perimeter fence in accordance with the provider's policy. Any use of force will be consistent with Department approved policy and in accordance with statutory guidelines per 394.9223, Florida Statutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>I- Interviewed the Assistant Facility Administrator/Security.</p> <p>O- Observed remote camera monitoring post, front gate monitoring post and perimeter patrol on rounds.</p> <p>D- Reviewed perimeter computer printouts, security checklists and security policies and procedures.</p>	<ul style="list-style-type: none"> Reviewed facility security operations with respect to the indicators of the general security tool. Activities appear contractually compliant. However, there was no evidence that the security policies/procedures have been approved by DCF. 	
2. The provider is responsible for secure transportation to and from the facility for any court appearances for which the resident is ordered or entitled to be present and to and from any location necessary for the receipt of medical services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>I- Interviewed the Assistant Facility Administrator Security.</p> <p>D- Reviewed transport logs, weekly reports, trip tickets, transport overview and transport calendars.</p>	<ul style="list-style-type: none"> This task is in compliance with contract requirements. See approval note in task 1. 	



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
	Explain				Applicable		
	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements			
	1	2	3	4			
3. The provider will implement the department approved contraband policy to clearly identify contraband items and eliminate them from the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Interviewed the Assistant Facility Administrator/Security D-Reviewed contraband policy.	<ul style="list-style-type: none"> Reviewed the contraband policy in conjunction with the general security tool. The facility's efforts are contractually compliant. See approval note in task 1.
4. The provider will implement a quality assurance/process management program for all medical/treatment/rehabilitation/mental health services at FCCC. The purpose of such activities is to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed training records and calendar.	
(a) Determine if provider staff know and understand pertinent policies and procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed training records and program outline.	
(b) Determine if provider staff are following procedures related to staff activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed training records.	
(c) Determine if provider staff are consistently and appropriately enforcing procedures related to resident activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed training records, calendars, activity sign in sheets.	

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Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

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	Explain							
	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements	Not Applicable			
	1	2	3	4				
(d) Determine if the staff and resident procedures are accomplishing their intended purposes;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Reviewed training records and policy and procedures.	
(e) Determine the appropriate modifications, if any, that need to be made to staff and resident procedures;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed policy and procedures manual and personnel records.	CORRECTIVE ACTION IS REQUIRED. See page 19-20, #17.
(f) Determine if the modifications, if any, addressed the previously identified deficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed policy and procedure manual.	<ul style="list-style-type: none"> 2 of 5 policies updated in 2008 reviewed required modifications and were made. 3 of 5 policies were update but did not require modifications.
5. The provider will assign an "R - Code" establishing the residents current level of recovery or behavioral/mental health functioning within 14 days of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 10 resident records.	<ul style="list-style-type: none"> 8 of 10 records were assigned the "R" Code by the provider establishing the resident's current level of recovery or behavioral/mental health within 14 days of admission. 2 of 10 records were not.

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Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

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Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	
Ratings Based Upon: I = Interview O = Observation D = Documentation						

6. The provider's service array will include at least the following services and components: (a) Intake assessments that follow: 1. Nursing/Physical Assessment (within 4 hours) 2. Suicide Potential Screening (within 4 hours) 3. Psychological Intake Screening (within 14 days) 4. An evaluation by the Psychiatrist when the Psychological Intake Screening identifies a psychiatric issue (within 7 days) 5. Intake Physical performed by	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 10 resident records.	<ul style="list-style-type: none"> 10 of 10 records have a nursing/physical assessment within 4 hours. 9 of 10 records had a potential suicide screening within 4 hours. 10 of 10 records had a psychological intake screening within 14 days. 5 of 10 records had an evaluation by the Psychiatrist to identify psychiatric issues within 7 days. 5 of 10 records were not applicable. 8 of 10 records had a physical
CONFIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed 10 resident records.	



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

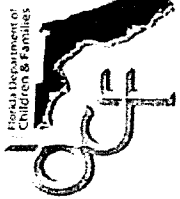
Contract #: LI701
07-08 Fiscal Year

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Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		

MD or ARNP (within 7 days)								within 7 days of intake by a physician or ARNP.
6. Orientation to the facility (within 14 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 10 resident records.		<ul style="list-style-type: none"> 10 of 10 records contained orientation within 14 days of admission.
7. Resident Rights and Responsibilities (within 14 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 10 resident records.		<ul style="list-style-type: none"> 10 of 10 records contained documentation of resident rights responsibilities provided within 14 days.
8. Personal Safety Plan (within 14 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 10 resident records.		<ul style="list-style-type: none"> 9 of 10 records had a personal safety plan assessments within 14 days of admission.
9. Intake Dental Exam (within 30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 10 resident records.		<ul style="list-style-type: none"> 9 of 10 records had a dental exam within 30 days of admission.
(b) Individualized SVP assessments and treatment planning that include psychosocial, behavioral, educational, and substance abuse assessments. Diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 5 resident records.		<ul style="list-style-type: none"> 5 of 5 records had assessments and treatment plans that were completed by the end of Phase I.

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Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	<p>Ratings Based Upon: I = Interview O = Observation D = Documentation</p>

Performance Indicator

Ratings Based Upon:
I = Interview
O = Observation
D = Documentation

assessments clinically indicated, but not provided on admission, must be completed at the end of Phase 1.							
(c) Consenting residents will receive an average of 10 hours/week of sex-offender specific treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Reviewed 5 resident records.	<ul style="list-style-type: none"> 5 of 5 records had documentation of average 10 hours/week of sex offender specific treatment.
i. Treatment plans must be individualized and developed from comprehensive multidisciplinary assessments. Each program entrant must receive comprehensive assessments in the following areas at the end of Phase One:							
1. Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Psychosexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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	Explain				Not Applicable		
	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements			
	1	2	3	4	N/A		
6. Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(d) Appropriate psychiatric and psychological services;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 5 records.	<ul style="list-style-type: none"> 5 of 5 records had documentation that appropriate psychiatric and psychological services were provided.
(c) Clinical services beyond sex offender specific treatment for residents with special needs;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed schedules of programs.	<ul style="list-style-type: none"> Provider offers AA, Substance Abuse, and smoking cessation.
(f) Implementation of peer support and self-help groups;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed peer group session schedules.	
(g) Where appropriate, an educational program;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed schedules of programs.	
(h) Recreational, pre-vocational, vocational and work programs, and other activity therapies that engage the resident in appropriate and relevant activity; and,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed peer group session schedules.	
(i) Detailed aftercare planning services that identify continuing treatment needs and resources available for continuing treatment upon each	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed discharged resident records.	

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Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

Performance Indicator	Rating					Notes and Comments
	Explain				Ratings Based Upon: I = Interview O = Observation D = Documentation	
	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements		
	1	2	3	4	N/A	

resident's return to the community.							
8. Mental health Treatment Services. Services offered are similar to those offered in the community. All mental health services comply with contemporary licensing standards and community standards of practices. Residents are not denied quality care simply because they have been placed in a FCCC. Those who render mental health services are licensed to practice in the State of Florida.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 6 records of mental health services did comply with contemporary licensing standard and community standards of practice. 1 of 6 records was not applicable.
(a) Therapeutic Security Technicians (TSTs) are involved in the clinical treatment team.							
(b) TSTs have adequate experience and training with the F-Quad I and F-Quad II populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	



Florida Civil Commitment Center Programmatic Contract Monitoring June 9-11, 2008

Contract #: LI701
 07-08 Fiscal Year

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	Explain				Not Applicable		
	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements			
	1	2	3	4	N/A		

(c) TSTs assignments in F-Quad I and F-Quad II are of sufficient duration that TSTs can establish rapport that assists in the therapeutic environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	(d) 5 of 6 records had sufficient duration in F-Quad I and II. (e) 1 of 6 records was not applicable.
(d) Inpatient unit treatment team members conduct traditional non-sex offender specific mental health treatment groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed schedules of programs.	
(e) Psychiatric note are legible and comprehensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 6 records had legible notes. 1 of 6 records was not applicable.
(f) Resident files must be well organized and facilitate continuity of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 6 of 6 records were well organized and facilitate continuity of care.
9. Sex offender treatment participant files will include current and complete individualized treatment plans at least every 180 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 6 records included current and complete individualized treatment plans. 1 of 6 records was not



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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	Explain					Not Applicable		
	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements	4			
	1	2	3	4	5	6		
10. Mental health treatment participant files will include current and complete individualized treatment plans at least every 30 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 6 records included current and complete individualized treatment plans at least every 30 days. 1 of 6 records was not applicable.
11. The provider will provide structured indoor and outdoor activities to residents who choose to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed schedule of programs.	
12. The provider will implement a system for effectively handling disruptive behavior, aggressive behavior, sexual behavior, and other conduct problems by residents in the program, while satisfying due process requirements. This must include a mechanism for securely confining residents whose conduct poses a threat to the safe and secure operation of the facility. The provider will use the department approved Secure Management/Seclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 2 of 2 records did not have: <ul style="list-style-type: none"> Personal Safety Plan did not specify whether or not to notify family member of incident. Documentation that toileting opportunities were given. Documentation that meals were offered during regular times. Documentation that



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI1701
07-08 Fiscal Year

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2				
Ratings Based Upon: I = Interview O = Observation D = Documentation						

<p>and Restraint policies and procedures as a guideline and will submit all proposed revisions for review and approval prior to implementation. The system will incorporate at a minimum the following:</p>						<p>resident's physical condition was checked upon release.</p> <ul style="list-style-type: none"> 1 of 2 records did not have: <ul style="list-style-type: none"> Physician Order Documentation that abnormal findings were discussed w/resident. Documentation that the incident report was submitted to facility administration for review. 3 of 5 records were not applicable. <p>CORECTIVE ACTION IS REQUIRED to address lack of seclusion /restraint documentation.</p>

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Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

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Contract #: LI701
07-08 Fiscal Year

Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		

(a) Resident status levels that allow residents to earn or lose privileges in accordance with conduct at FCCC;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed Behavior Management Policy.	
(b) A listing of specific acts and types of misconduct, with a specific range of consequences associated with each act or type of misconduct;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed Behavior Management Policy.	
(c) Secure confinement for residents whose conduct endangers the safe and secure operation of the facility;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed Behavior Management Policy.	
(d) A behavior management hearing mechanism that provides adequate due process to residents adversely impacted by a behavior management decision. The protocol must include written notification to residents of the restriction to be imposed and the	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed Behavior Management Policy.	

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Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

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	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		

reason for the restriction. Residents must have the opportunity to contest the restriction and provide their version of the pertinent events.							
(e) The provider will be responsible for responding to resident legal challenges to disciplinary actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed Behavior Management Policy	
14. For all committed residents, the provider will: (a) Ensure that the resident has signed a consent for treatment form. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 5 records had a signed consent for treatment form in their record.
(b) Provide an entitled annual examination of his or her mental condition or more frequently if required by the court. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 5 records had an annual exam of his mental condition in their record.

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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	1	2	3	4	N/A		

(c) Be responsible for providing each resident the notice required by section 394.918, Florida Statutes. Copies of the notification must be provided to the Department and the appropriate State Attorney and Public Defender. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 5 records had the notice of exam in the resident's record.
(d) Ensure that by the time that each committed resident is provided the annual notification, his treatment plan and progress will be reviewed by a psychologist, other than the treating clinician, and the clinical director or his or her licensed psychologist/psychiatrist designee. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 5 records had the annual notification and were review by a psychologist other than the treating clinician.
(e) Prepare a status report and include it in the clinical file, with notation of any adjustments made in the	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 2 of 5 records had a prepared status report with notation of any adjustments made to the

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Florida Civil Commitment Center

Programmatic Contract Monitoring

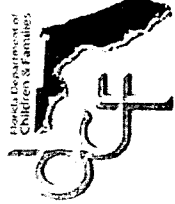
June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	Ratings Based Upon: I = Interview O = Observation D = Documentation

individual's treatment plan as a result of the review. The results of the annual review must be provided to the court that committed the resident. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		treatment plan as a result of the review. <ul style="list-style-type: none">• 3 of 5 records were not applicable.
(f) Prepare annual treatment summaries for committed residents. The annual treatment summary will be completed 10 days prior to the commitment anniversary date. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none">• 5 of 5 records had prepared annual treatment summaries for committed residents within 10 days prior to the anniversary date.
(g) The provider will provide court the notification and annual summary required by section 394.918, Florida Statutes, within 10 days of the commitment anniversary date or as otherwise required by the court. Documentation will be provided in the resident file. CONFIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none">• 5 of 5 records had court notification and annual summary within 10 days of the anniversary date.



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		

(h) If applicable, notify the Department of Corrections, Probation and Parole Office, and the appropriate local probation and parole office of the release of the resident. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 5 records had documentation that the DOC Probation and Parole Office and local office were notified of the release of resident.
(i) Notify the resident's known victims of the release of a committed resident, at the victim's last known address within 24 hours of receipt of order to release. Documentation will be provided in the resident file.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D-Reviewed resident records.	<ul style="list-style-type: none"> 2 of 5 records had documentation that residents last know victims were contacted with 24 hours. 3 of 5 records were not applicable.
14. For any residents (detained and/or committed) who are released from the facility, the file will include written documentation that the resident was advised of his duty to register as a sexual offender or sexual predator pursuant to section 775.21, Florida Statutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D-Reviewed resident records.	<ul style="list-style-type: none"> 5 of 5 records had documentation that the residents were advised of their duty to register as sexual offenders.



Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		
15. The provider will provide FCCC residents with primary, preventive, and acute physical and mental health care services, including dental and eye care services, that are medically necessary to ensure their health and well-being (as described in Exhibit H, Program Description). Medical services will be provided within the NCCHC Standard for Health Services in Prisons. All medical care is included in the fixed daily rate. Medical care will not be separately reimbursed. At a minimum, the provider will deliver: (a) Primary and preventive health care;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none">7 of 10 records had a current physical for primary and preventive health care.

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CONFIDENTIAL



Florida Civil Commitment Center Programmatic Contract Monitoring June 9-11, 2008

Contract #: LI701
 07-08 Fiscal Year

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(b) Emergency medical services;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 4 of 10 records had documentation that emergency medical services were provided. 7 of 10 records were not applicable due to not needing the services.
(c) Access to a reasonably proximate hospital(s) for medical care that cannot adequately be provided at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I-Interview staff. D-Documentation memorandum of agreements.	<ul style="list-style-type: none"> Staff advised that there was a Memorandum of Agreement for local hospital to treat residents. In all there were four MOU's with other health care providers located within the County.
(d) Specialty medical treatment (chronic and acute conditions);	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 7 of 10 records had documentation that specialty medical treatment was provided. 3 of 10 records were not applicable.
(d) Psychiatric care;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 10 of 10 records had documentation that psychiatric care was provided.

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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	1	2	3	4	N/A		

(d) Dental Services (routine and specialty);	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 9 of 10 records had documentation that both routine and specialty dental care were provided. 1 of 10 records included refusal. 7 of 10 records had documentation of eye care provided.
(d) Eye care (routine and specialty);	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident records.	<ul style="list-style-type: none"> 7 of 10 records had documentation of eye care provided.
16. Resident complaints and grievances will receive appropriate responses without department intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed resident grievance response reports	<ul style="list-style-type: none"> 95% of grievances were responded to in appropriate time frame.
17. Policies and Procedures: (a) The provider will comply with the department approved operating procedures and subsequent revisions as listed in Exhibit F. Proposed modifications and/or revisions to the operating procedures must be approved in writing by the department prior to	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I-Interviewed staff. D-Reviewed training reports, employee records, and policy binder.	<ul style="list-style-type: none"> Policies were located in a binder left from the previous vendor. Policies remain on previous vendor letterhead and have not been updated. Discussion with the Facility Administrator and staff indicated that there was no data base or disk left with the previous policies although they were currently implementing

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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<p>implementation.</p> <p>(b) The provider will be required to update and revise its policies, procedures and protocols as new advancements occur in the sex offender and/or mental health treatment field, particularly evidence-based practices. With regard to the above, the provider will be responsible for ensuring the development of sufficient training materials and ongoing instruction for all employees.</p>								<p>them. Interview with Director of Security indicated that they had policies and were implementing them but were not updated in policy or formally approved by the process.</p> <p>CORRECTIVE ACTION IS REQUIRED to review, update and seek approval on all policies before implementation. Once Implemented, they should be stored where they can be modified and accessed easily.</p> <p>• 3 of 3 records reviewed were in compliance with ADA.</p>
<p>18. Resident Accommodations</p> <p>To comply with the Americans with Disabilities Act, the provider will provide:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D-ADA Monthly meeting minutes</p>
<p>19. (a) CARF standards for accessibility, CARF 2005 manual, section 2, criterion B.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

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<p>(b) A Telephonic Device for the Deaf (TDD or TTY) machine and certified sign language interpreters. Sign language interpreters will possess a current certification by the National Registry of Interpreters for the Deaf (RID) or the National Association of the Deaf (NAD) Certification Level 4 or 5. If a resident who is hearing impaired is admitted to the sex offender treatment program, the provider will have a certified sign language interpreter available during treatment sessions.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- ADA Monthly Meetings, reviewed 3 resident records.	<ul style="list-style-type: none"> While reviewing one record of a resident in a wheelchair, it was stated that he could not attend MRT because he could not read the print as it was too small. The response given to him was that "we can get large print

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

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							material” This happened on 3 separate occasions with no documentation on whether the materials were provided.
							CORRECTIVE ACTION IS REQUIRED to document provision of the material necessary to accommodate resident needs in reference to ADA and physical disability requirements.
(d) The provider must provide translation services during treatment sessions to non-English speaking residents whenever the language spoken represents five percent or more of the general population of the State of Florida. The provider must be able to provide interpreters and materials available for other languages when	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CONFIDENTIAL							



Florida Civil Commitment Center

Programmatic Contract Monitoring

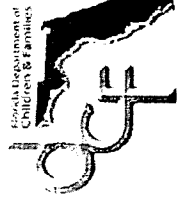
June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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<p>necessary.</p> <p>20. Food Service: The provider will provide for all resident meals. Food materials, menu development and meal preparation must be at least hospital quality (as opposed to correctional quality). The provider must provide meals that are nutritious, filling, and appealing. Special diets must be provided when medically prescribed or when there is a bona fide religious need.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>I- Interviewed Food Service Director.</p> <p>O- Observed food preparation and service by residents, as well as, supervision by GEO employees.</p> <p>D- Reviewed menus and discussed menu preparation with the Food Service Director. Reviewed special diets (including religious) with the Food Service Director.</p>	<ul style="list-style-type: none"> Food service operations were observed. Menus, menu preparation process and special diets were reviewed. The food service function is in compliance with contractual requirements.
<p>21. Canteen Service: The provider will provide for the operation of a resident Canteen to provide snacks and other general personal items. Canteen items should be similar to items found in a psychiatric hospital canteen. The</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>I- Interviewed the Business Manager</p> <p>O- Observed the Canteen function process.</p> <p>D- Reviewed Canteen Services</p>	<ul style="list-style-type: none"> The Canteen Services agreement was reviewed and determined to be contractually compliant by both the vendor and provider.



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Performance Indicator	Rating					Notes and Comments
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<p>provider may permit residents to have non-perishable food/snack items mailed in. In order to have a canteen mail order program, the provider must establish a contract with a specific vendor to provide such items via mail order. The provider will not permit residents to receive food or snack items via mail order from any person or entity other than the designated vendor. The provider will still be required to inspect such packages for contraband.</p>						Agreement.	
<p>22. Laundry Service: Residents are generally expected to launder their personal clothing. The existing facility has residential-type washers and dryers on each residential unit for this purpose. The provider will be required to maintain these units and replace them as needed. Laundering of towels, linens, and other bulk items</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed laundry agreement	



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
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	1	2	3	4	N/A		

will be the responsibility of the provider. FCCC has no on-site capability to launder such items.							
23. Resident Bank Accounts and Welfare Trust Fund: The provider will establish resident bank accounts for the purposes of facilitating resident purchases such as commissary items. The facility will utilize a token/cashless economy. The provider will allow the department or its designee to audit such funds at any reasonable time. The provider will establish a welfare trust fund to receive and hold funds donated or otherwise generated for the general welfare of the residents. The provider will follow the Department's Accounting Procedures Manual 7 APM 6, Volume 7, incorporated herein by reference. Department personnel or their	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D -Reviewed account statements for the Welfare and Client Trust, and individual account documents.	



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
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<p>designees upon request may review all records relating to this section. Any shortages of client funds that are attributable to the provider will be repaid, plus applicable interest, within one week of the determination. Notwithstanding 7APM 6 section 15, the provider will maintain all reconciliation records on-site for review.</p>							
<p>24. Emergency Management/Operation Plans</p> <p>(a) The provider must be prepared to manage the facility during all emergency situations such as fires, accidents, strikes, civil disturbances, natural disasters and military contingency operations, including the identification of alternative care sites if necessitated by the conditions.</p> <p>(b) A comprehensive emergency operation plan must be developed</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D-Reviewed binder with various emergency plans and memorandum of agreements for support in disasters.</p> <p>I- Life Safety & Security Directors.</p>	

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

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	1	2	3	4	N/A	<p>Ratings Based Upon: I = Interview O = Observation D = Documentation</p>

Performance Indicator

Ratings Based Upon:
I = Interview
O = Observation
D = Documentation

<p>in conjunction with the Department and approved by local law enforcement and local emergency management officials, within 30 days of contract execution. This plan must address the issues of staffing, transportation, sheltering arrangements, emergency equipment and supplies, etc. The provider must take the lead in the development or amendment of the emergency evacuation plan, as its service is integral to safeguarding the buildings and to protecting the safety of the residents at the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>28 The provider shall coordinate and establish good working relationships with a number of entities. These include the Department of Corrections, local law enforcement, health care agencies, social service agencies,</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>I- Interviewed Facility Administrator.</p> <p>D- Reviewed flyers, local news paper, memorandums of agreements, and service agency</p>	

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

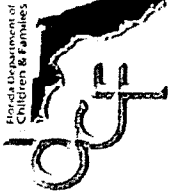
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	1	2	3	4	N/A		

courts, Attorney General, state's attorneys, defense attorneys, jails, family and consumer groups, the department, and the community within which FCCC is located. These relationships should include activities which promote understanding and cooperation among the various entities with a focus on continuity of care.						agreements.	
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II. Personnel

1. Hire and maintain qualified staff as listed in Exhibit B.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 23 Personnel Files.	<ul style="list-style-type: none"> 23 of 23 records had documentation that personnel hired were qualified.
2. The provider shall comply with Subsection 394.4572(1)(a) and section 397.451, F.S., with regard to screening and fingerprinting of mental health and substance abuse personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 23 Personnel Files.	<ul style="list-style-type: none"> 23 of 23 records had documentation that persons were screened and fingerprinted in accordance with requirements.
3. All staff must possess adequate education and training to perform the	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 23 personnel files and 10 training files.	<ul style="list-style-type: none"> 23 of 23 records had documentation of adequate



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

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	1	2	3	4	N/A		

<p>duties for which they are assigned and meet all applicable licensing or certification requirements for their respective disciplines.</p>							<p>education and training to perform and meet all licensing and certification requirements.</p> <ul style="list-style-type: none"> 10 of 10 records had the required training for their positions.
<p>4. The provider must ensure screening of all mental health service personnel employed by the provider to the same extent as if such personnel were employees of the Department, to the end that the employees of the provider must meet the same standards set forth in Chapter 435, F.S., as may be amended from time to time. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D-Reviewed 23 personnel files.</p>	<ul style="list-style-type: none"> 23 of 23 records had documentation that personnel met all of the required screening standards.



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Contract #: LI701
07-08 Fiscal Year

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and pass an annual PPD and/or chest x-ray.								
5. Certain positions or work assignments require the maintenance of an active license, registration or certification. It is the provider's responsibility to ensure that such licenses (including driver's or chauffeur's licenses), registrations or certifications are maintained on a current basis by the personnel in these positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D-Reviewed 23 personnel files and training records.	<ul style="list-style-type: none"> 23 of 23 records had the required licensure or certification required for their position. 10 of 10 records had certifications and licensure for the required positions.
6. Administrative staff must, at a minimum, possess the qualifications and experience listed below:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D-Reviewed personnel files.	
(a) Facility Director: Ten years' management and supervisory experience in a secure civil residential facility setting, including a minimum of five years as facility director or assistant director. CONFIDENTIAL Candidate must possess at least a Master's degree in a mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D-Reviewed personnel file.	



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

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or administrative discipline. Florida license or certification within six months of employment is required where applicable. ATSA membership is not required but is a plus.	<input type="checkbox"/>						
(b) Security Director. Ten years' management and supervisory experience as a sworn law enforcement officer in a secure residential facility, including a minimum of five years of management experience at the level of security director or higher.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed personnel file.
(c) Clinical Director: Ph.D. Psychologist currently licensed to practice as a psychologist in the State of Florida, or possessing equivalent licensure in good standing in another state with the ability to obtain State of Florida licensure within one year of	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed personnel file.

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

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employment. Minimum of five years of post licensure clinical experience as a psychologist working with forensic clients, including sex offenders, in a secure facility. Minimum of two years of experience in a managerial capacity in a secure facility setting. ATSA membership or ability to attain ATSA membership within six months of employment.									
(d) Medical Services Director: Primary care physician with a current Florida license to practice medicine, or a limited permit and a license from another state or Canada, in good standing, and current certification by the American Medical Association.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed personnel file.		

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

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(c) Facility Manager: An engineering, construction or business-related degree and at least ten years of facilities management experience, five of which must be in an environment of comparable size and complexity to FCCC. Experience in an institutional or correctional setting is preferred. Demonstrated skills in life-safety systems, computerized work order management and preventive maintenance systems are required. Superior experience may, with the written approval of the Department's contract manager, be substituted for the degree requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed personnel file.	

CONFIDENTIAL



Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

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	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements	Not Applicable		
	1	2	3	4	N/A		

7. Staff records shall be maintained in accordance with CARF standards and shall include: the results of background screening; resumes and completed job application forms; documentation of education; documentation of current licensure, registration, or certification; reference checks; results of required medical examinations, tests, and immunizations; time and attendance records; awards; disciplinary reports; training completed; and performance evaluations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Reviewed 23 personnel files.	<ul style="list-style-type: none"> 23 of 23 records met CARF standards.
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Florida Civil Commitment Center

Programmatic Contract Monitoring

June 9-11, 2008

Monitoring Team: Brandi Babb, Sonya Longfellow, and Gary Thompson

Contract #: LI701
07-08 Fiscal Year

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	Ratings Based Upon: I = Interview O = Observation D = Documentation

Performance Indicator

Ratings Based Upon:
I = Interview
O = Observation
D = Documentation

III. Performance Measure

1. Number of sexual predators served (detention and treatment). <i>Performance Goal: 480 per year</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• 756 Served for 07-08 Contract Year.
2. Number of residents receiving Mental Health Treatment. <i>Performance Goal: 169 per year</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• 07-08 Contract Year total not reported yet.
3. Annual number of harmful events per 100 residents. <i>Performance Goal: 3 per 100 residents.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• 07-06 Contract Year total not reported yet.

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June 15, 2009

Lee Packer
Hospital Administrator
South Florida Evaluation and Treatment
Center (SFETC)
18680 SW 376 Street
Florida City, FL 33034

Joint Commission ID #: 1807
Program: Hospital Accreditation
Accreditation Activity: 45-day Evidence of
Standards Compliance
Accreditation Activity Completed:
06/15/2009

Dear Ms. Packer:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high - quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

With that goal in mind, your organization received Requirement(s) for Improvement during its recent survey. These requirements have been summarized in the Accreditation Report provided by the survey team that visited your organization.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

Sincerely,

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

CONFIDENTIAL



**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George Sheldon
Secretary

March 13, 2009

Dale Frick, Vice President
Project Development and Client Relations
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Mr. Frick,

The report of the Department's December 09-11, 2008 Contract Monitoring visit at the South Florida Evaluation and Treatment Center (SFETC) is enclosed.

The monitoring team found the GEO Group/SFETC staff to be extremely cooperative and attentive, which greatly facilitated the monitoring process.

Of the 62 areas reviewed, 1 was found unacceptable and did not meet contractual requirements, 4 were found conditionally acceptable, 54 fully met contract requirements, 2 exceeded requirements and 1 was not applicable. Please provide a detailed corrective action plan (CAP) by April 30, 2009 for areas identified in the attached report. The CAP should detail the implementation of significant phased improvement in the identified areas within 30 days.

The Department would like to thank the SFETC staff for your hard work and encourage your facility to continue its efforts in the future.

If you or your staff have any questions regarding the report or direction of the correction action plan, please do not hesitate to call me at (850) 921-0547.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dineen Cicco', is written over a horizontal line.

Dineen Cicco, MSW
Privatized Facilities Contract Manager

cc. Joy Neves, Chief SAMH Contracts
Sally Cunningham, DCF Director of MH Facilities
Kate Lyon, Director DCF Mental Health
Lee Packer, SFETC Facility Administrator
Genna Marx, GEO Director of Contract Compliance

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient
Families, and
Advance Personal and Family Recovery and Resiliency

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Programmatic Contract Monitoring Report December 2008 Provider Contract Requirements		Rating					Ratings Based Upon: I= Interview O= Observation D= Documentation QR= Quality Review completed	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)		
		Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable				
		Unacceptable	Conditionally Acceptable							
		1	2	3	4					
1. There is a Facility Manager, employed full time at South Florida Evaluation and Treatment Center, with qualifications meeting contract requirements.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Frank Fela, the interim facility manager, does not have qualifications that meet the contract requirements. Frank is also not working at SFETC on a full time basis. He is splitting his time between SFETC and TCFTC. The provider and the DCF contract manager are working to resolve this issue.		
2. The preventive maintenance program must be computerized and integrated with a computerized work order system.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The MP2 system, used at the old facility has been implemented at the new facility. The facility team is expanding the use of the program to meet the needs of the new buildings.		
3. Preventive maintenance activities meet or exceed minimum criteria and are current.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	All preventive maintenance activities were found to be current. Recommend writing the installation dates on HVAC filters to help in adjusting replacement time requirements.		
4. Service call log and work order tracking is current for maintenance and repair activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The basic needs for tracking work orders have been met. Staff is expanding the use of the work order tracking system for improved management efficiency.		
5. Quality assurance/quality improvement program and inspection plans are in place and current. The program should include maintenance and repair, landscaping, hazardous materials, waste management, pest control, life-safety, security and housekeeping activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D Q/R	Under the performance improvement plan, most facilities issues are monitored monthly under the Environment of Care/Safety plan. The monthly Environment of Care checklist is completed during monthly monitoring. As listed in the plan, indicators on measures of performance to be monitored relate to: <ul style="list-style-type: none"> • Safety & Security • Hazardous Materials and wastes • Fire Safety • Medical equipment • Utilities The plan may be expanded to list the following items: <ul style="list-style-type: none"> • landscaping, • pest control, • maintenance and repair • housekeeping 		
6. Facility conducts multidisciplinary tours to identify environmental deficiencies, hazards and		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Staff conduct monthly "Environment of Care" inspection covering all operational areas of responsibility. The		

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Programmatic Contract Monitoring Report December 2008 Provider Contract Requirements	Rating					Ratings Based Upon: I= Interview O= Observation D= Documentation QR= Quality Review completed	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		

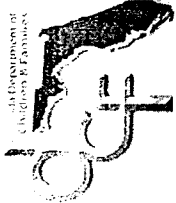
unsafe practices. Documentation of tours, deficiencies noted and subsequent corrective action is maintained and readily accessible.							checklists review were found to be complete and current.
7. Facilities Quarterly Reports are complete and current. Quarterly reports should include maintenance, repair housekeeping, utility consumption and contracted facility support activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The quarterly reports were found to be complete and current. Facility staff is revising the report to make it more concise and informative.
8. Up-to-date inventory of all tools, equipment, materials and supplies (furnishings) are complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The inventory was revised at building occupancy. The inventory is documented on multiple lists relating to the sources of the property. Staff is to combine lists into a single inventory database.
9. Hazardous Materials Management Program is current and in compliance with regulating agency guidelines. Hazmat use, storage and disposal are in accordance with regulating agency requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	MSDS Sheets were found in binders maintained throughout facility. Staff is to add index to help locate individual sheets. More flammable lockers are needed in the maintenance building.
10. Annual Facilities Operating Plan (outline of the provider's operating, maintenance and repair objectives for the coming 12 months) is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I	Developing 2009 plan for issue by end of month. The previous plan was for the old facility.
11. Emergency Operating/Management Plan, including emergency evacuation plan is complete and current.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The plans need to be approved by County disaster management office.
12. Biohazardous Waste program is current and in compliance with regulating agency guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	A metal, pick up box is located in the service yard. Disposal quantities are logged.
13. The security systems are properly maintained, operated and documented. These systems include key and lock administration, fencing, video monitoring, electric locks and perimeter security electronics.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	No problems noted. The automated key watcher system is used to track key issue. The key schedule, maintained in the security manager's office, is complete and current. With the exception of a couple of lock cylinders that were being replaced, all security systems were found to be operational.
14. Technical library, including as-built drawings and manuals, is maintained in an orderly manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	Maintained in facility manager's office with copies in maintenance office.
15. Biomedical equipment certification and maintenance program is complete and current. Equipment is tagged with current certification stickers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O D	All biomedical equipment is inspected and certified by Pace Medical. All certification stickers were found to be current.

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Programmatic Contract Monitoring Report December 2008 Provider Contract Requirements	Rating						Ratings Based Upon: I= Interview O= Observation D= Documentation QR= Quality Review completed	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)		
	Explain		Fully Met	Exceeded	Requirements	Not Applicable				
	Unacceptable	Conditionally Acceptable								
	1	2	3	4						
that are issued by qualified technicians.										
16. Warranty files and logs are complete and current. The log should document all work completed under warranty.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I D	Maintained in Facility Manager's office. Construction warranty issues are tracked in log maintained by the Facility Manager to "debug" construction issues.		
17. Housekeeping (janitorial) functions are accomplished in a timely and efficient manner. A cleaning log and daily checklists for routine and project cleaning is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Housekeeping program appears to be doing well. The housekeeping supervisor from SFSH was on site to improve procedures for the new facility. More effort is needed in the shower floors in the residential areas.		
18. Housekeeping inspection and monitoring plan, acceptable to the Department, is in place and current. Plans include provisions for day-to-day inspections and monitoring conducted to ensure compliance with contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Daily logs and checklists are used by housekeeping staff. Monthly inspections are covered by Environment of Care rounds		
19. The waste disposal program, acceptable to the Department, is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	Dumpsters are located in the in service yard. Drainage may become an issue. No compactor used.		
20. Building pest control program, acceptable to the department, is complete and current. The pest control service is provided by qualified technicians. A pest control incidents log and service schedule is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Orkin provides routine and incidental treatment. To include logs and service schedules in the MP2 computerized maintenance system. No evidence of pests were noted.		
21. Landscaping program, acceptable to the department, is complete and current. Lawn is mowed and trimmed, shrubbery and trees are maintained and the storm drainage system is fully operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	The grounds are well maintained.		
22. A fire safety management plan is in place and effective. Fire drills are conducted and documented as required. The fire sprinkler, fire alarm and fire extinguisher systems are routinely inspected, certified and operational. Deficiencies noted on inspections by the State Fire Marshall's Office are corrected within required timeframes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	All life safety systems had current certification tags. Smoke compartments are individually marked and color coded to assist in emergency evacuation. Breathing apparatuses and fire blankets have been installed in all control rooms.		
23. A plan is in place for implementing interim life safety measures, when the building does not meet requirements of the life safety code.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The written plan and implementation log are maintained in the Facility Manager's office.		
24. A recycling plan is in place and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	Cardboard boxes and office paper are recycled.		

Programmatic Contract Monitoring Report December 2008 Provider Contract Requirements	Rating				Ratings Based Upon: I= Interview O= Observation D= Documentation QR= Quality Review completed	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		

used.							
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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
 08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

I. Personnel/Staffing

- i. The Provider shall provide a management team which meets the following minimum qualifications:
- a) Hospital Administrator:
 Management or supervisory experience providing services to persons with psychiatric disabilities, including at least ten years in a management position comparable to an executive staff level role in a psychiatric center, research institute or developmental center.
 - Appropriate professional degree or minimum educational level attained will be a master's degree in any mental health or administrative discipline. Florida license or certification is required where applicable. At least three

☐ ☐ ☒ ☐ ☐ ☐
 D – Reviewed personnel records.

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

of the ten years of management/supervisory experience must have been in a forensic setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Assistant Hospital Administrator: Management or supervisory experience providing services to persons with psychiatric disabilities, including at least five years in a management position comparable to an executive staff level role in a psychiatric center, research institute or developmental center. Appropriate professional degree or minimum educational level attained will be a master's degree in any mental health or administrative discipline. Florida license or certification is required where applicable. At least two of						

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South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

Ratings Based Upon:
I = Interview
O = Observation
D = Documentation

the five years of management/supervisory experience must have been in a forensic setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Nursing Director: Licensed to practice as a Registered Nurse in the State of Florida, including at least two years of post-licensure clinical nursing experience working exclusively with individuals diagnosed with mental illness or multiple disabilities. In addition, the Director must have a master's degree in Nursing and two years of managerial experience or a Master's degree in a related health care or medical services, behavioral or rehabilitative science field and three years managerial experience. The managerial work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel records.

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Contract #: LH615
08-09 Fiscal Year

Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

experience must come from performing those duties typically associated with an Assistant or Associate Director of Nursing, or Director of Nursing. This experience must have been gained exclusively in a mental health setting program, or a discrete psychiatric program that is part of a health care facility. Experience in a forensic setting is preferred.						
d) Clinical Director: A valid Florida license to practice medicine or a limited permit and a license from another state or Canada, and certification by the American Board of Psychiatry and Neurology and seven years of professional experience in providing services to persons with psychiatric disabilities, two years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel records.

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
Ratings Based Upon: I = Interview O = Observation D = Documentation						

of which must have been at the administrative clinical level - assistant director or its equivalent. Five of the seven years experience must have been in a forensic setting.	<input type="checkbox"/>					
e) Security Chief: A bachelor's degree, a minimum of ten years experience in a correctional or secure forensic mental health facility with at least five years of managerial level experience, and certification as a state correctional officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel records.
f) Facility Manager: An engineering, construction or business-related bachelor's degree (masters preferred) and at least ten years of facilities management experience, five of which must be	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel records. Reviewed contract requirements.
CONFIDENTIAL						The current interim facility manager does not have the qualifications that meet contract requirements for this position. He is also not working at SFETC on a full time basis. He is splitting his



South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

in an environment of comparable size and complexity to SFETC. Experience in a healthcare and/or institutional setting is desirable and experience in a secure forensic facility is preferred. Demonstrated skills in life-safety systems, computerized work order management and preventive maintenance systems are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		time between SFETC and TCFTC. The provider and the Department's Contract Manager are working together to address and resolve this issue. No Corrective Action Plan required at this time.
2. The provider shall maintain staffing levels that, at a minimum, conform to those positions listed in the Staffing Plans attached as Exhibit B-1, B-2, and B-3. In the event a position listed on the Staffing Plans becomes vacant, the provider shall have 30 calendar days to fill the vacant position.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed staffing roster. Reviewed Referenced Exhibits.	
CONFIDENTIAL 3. The provider shall comply with sections 394.4572(1) (a) and 397.451,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel records.	<ul style="list-style-type: none"> 1 of 10 files did not contain evidence of CPI/NCI.



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

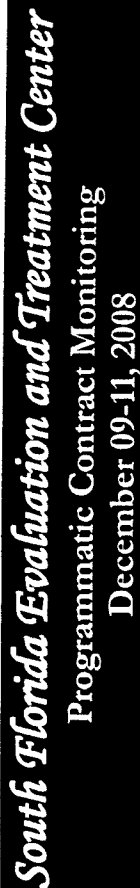
December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

F.S., with regard to screening and fingerprinting of mental health and substance abuse personnel.						D - Reviewed Policy and procedures. I - Interviewed staff.	Staff provided documentation that the screening had been requested and was pending. <ul style="list-style-type: none">The personnel files were well organized.Interviewed staff responsible for file maintenance to discuss file organization.
4. The provider must ensure screening of all mental health service personnel employed by the provider to the same extent as if such personnel were employees of the Department, to the end that the employees of the provider must meet the same standards set forth in Chapter 435, F.S., as may be amended from time to time. Prospective employees must also successfully pass a pre- CONFIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel records. I - Interviewed staff.	(General Observation) The forms used to report the various tests have been changed, thus the documentation is not the same in all the files. Staff explained that the use of a new form was transitioning through as new staff are hired.



Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2				
	Unacceptable	Conditionally Acceptable				Ratings Based Upon: I = Interview O = Observation D = Documentation
			3	4	5	

<p>employment medical examination prior to placement. The examination will include, at a minimum, PPD and/or chest x-ray and serology. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo and pass an annual PPD and/or chest x-ray.</p>					
<p>5. Certain positions or work assignments require the maintenance of an active license, registration or certification. It is the provider's responsibility to ensure that such licenses (including driver's or chauffeur's licenses), registrations or certifications are maintained on a current basis by the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed personnel records.</p>

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Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
						Ratings Based Upon: I = Interview O = Observation D = Documentation

personnel in these positions. As an example, security officers must be certified as state correctional officers.

II. Performance Measures

6. Reduce the average amount of time that residents have been adjudicated ITP spend in the facility before being returned to court as competent.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed monthly reports.	Average from July – November 2008 is 115.1 days. The measure “average amount of time” could be better expressed in number of days.
7. Reduce the average amount of time the residents who have been adjudicated NGI spend in the facility by vigorous risk assessment and conditional release planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed monthly reports.	Measure is contractually compliant. However, recommend review of definition of measure to ensure factors considered in the average are appropriate.
8. Duplicate Measure							

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South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

Ratings Based Upon:
I = Interview
O = Observation
D = Documentation

9. Improve the percentage of residents evaluated as competent, who have been returned to court within 30 days of the court's receipt of the competency report. (for both the existing and new facility).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed monthly reports.	
10. Initial Assessments and Screenings: A Psychiatric, Medical, Nursing, History of abuse and neglect, and specialized rehabilitation services will occur within 24 hours of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records.	
11. A Psychological, Social, Vocational, Educational, Substance Abuse screening, and Functional skills needs assessment will occur within 30 days of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records.	

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain	Rating				
		Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	
	1	2	3	4	5	
Ratings Based Upon: I = Interview O = Observation D = Documentation						

12. A Dental and Nutritional assessment will occur within 10 days of admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records. I – Interviewed Staff	Dental assessments were difficult to locate in some files. Staff assistance was required to determine compliance.
13. Per section 4.9.1.10.3, the provider will be responsible for the secure transportation of SFETC residents to outside medical appointments when these are required. Security personnel will accompany residents and remain with them continuously during their outside appointments, treatments, and hospitalizations. The provider transportation will be provided unless the resident's condition requires transportation by ambulance. In the case of ambulance transport, the provider security will accompany and continuously supervise the resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed transportation logs. I – Interviewed security transportation personnel.	Secure transportation is in contractual compliance.
14. Per section 4.9.1.10.4, the provider will provide 7 day/24 hour staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed MD/ARNP Schedule.	CAP from prior monitoring implemented.

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South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

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Performance Indicator	Rating					Notes and Comments					
	Explain		Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement		Not Applicable				
	Unacceptable	1						2	3	4	5
Ratings Based Upon: I = Interview O = Observation D = Documentation											

coverage for the provision of medical care to the 200 SFETC residents. There will be one ARNP on site, 7 days a week, 24 hours a day to provide medical assessment and treatment under the supervision of an internal medicine physician. There will be a medical unit/infirmery with 20 beds and a physician on-call 7 days a week, 24 hours a day to address the medical needs of the residents. The medical services staff will provide for all of the medical and dental assessment, reassessment, and ongoing physical health care needs of the SFETC residents.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											</
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CONFIDENTIAL
15



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

<p>resident's commitment status (e.g., competency restoration services for individuals who are ITP) and services that will help to facilitate a successful transfer to a civil hospital or if the judge orders Conditional Release, discharge into the community.</p> <p>a) Competency Restoration: Competency restoration services will be provided daily to ITP residents.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed Program Schedule.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed MYR Program Schedule. D- Reviewed Resident Records I – Interviewed Lee Packer	
<p>b) Managing Your Risk (Risk Management/Relapse Prevention): Individuals who have been found NGI will learn and practice risk reduction skills through their participation in the Managing Your Risk Program (MYR). The program meets twice per week for three to four months and thereafter has at least</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

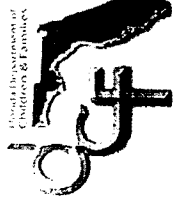
Contract #: LH615
08-09 Fiscal Year

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Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

monthly booster sessions.							
c) Anger Management and Anger Treatment: SFETC staff will lead structured, psycho-educational anger management groups for those individuals (primarily individuals found NGI) who need to learn anger control strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed program schedules. I – Interviewed Lee Packer	
d) Illness Management and Recovery Program: Another evidenced-based practice that will be implemented by the provider at SFETC is an Illness Management and Recovery Program. The goals of the program are to improve knowledge about mental illness, reduce relapse and re-hospitalizations, cope more effectively and reduce distress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed program schedules. I – Interviewed various staff.	

CONFIDENTIAL



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	1	2	3	4	5		

<p>from symptoms, and use medications more effectively (SAMHSA's) National Mental Health Information Center). This Illness Management and Recovery Program will cover the following topics: recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system.</p>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I – Interviewed Lee Packer	Two juveniles adjudicated as adults are currently residents at SFETC. They are not in school and do not require educational

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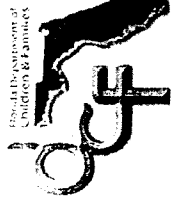
Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

diagnostic, assessment and therapeutic services.								services. Determination based on assessment by staff.
i) Recreational Services: Examples of activities include: Special events, sports events, physical fitness, holiday parties, theater group, movies, dances, community outings with permission from the judge, horticulture, art therapy, sewing group, library, music, and other special interest groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed recreational schedules and attendance documents.	A wide range of activities are provided.
g) Pre-Vocational, Vocational, and Work Programs: The provider will use pre-vocational, vocational, and work programs to support resident's interests and skills in becoming more independent when returned to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed Vocational Services Program. I – Interviewed staff responsible for placement and supervision of patients in the program.	

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Ratings Based Upon: I = Interview O = Observation D = Documentation						

Examples of activities include: Vocational readiness evaluations, vocational and work exploration groups, job seeking skills groups, and supported work activities in recreation (for instance, music, arts, or sports), maintenance, library, canteen, computer room, and education (such as peer tutoring for literacy skills).						
h) Detailed Aftercare Planning Services: Planning for discharge and/or conditional release begins at admission to the facility and will be in compliance with relevant Departmental procedures, accreditation standards, and applicable state laws regarding discharge planning and conditional release. The assigned Forensic Case Manager/	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed Aftercare documentation in resident records, including planning documentation.</p> <p>I- Interviewed staff responsible for planning.</p> <p>This is an area of improvement over the last monitoring. The facility promotes the active involvement of the Forensic Case Manager/Specialist in all aspects of the planning process. Resident records are well documented,</p>

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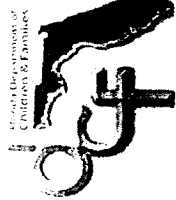
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	Explain		Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable			
	Unacceptable	1						2	3
								Ratings Based Upon: I = Interview O = Observation D = Documentation	

<p>Specialist will be actively included in every step of the discharge planning and conditional release process. This process will be "person centered" and residents' needs and preferences will be considered to the maximum extent possible. The provider will promote regular meetings with the Forensic Case Manager/Specialist to facilitate visits with their clients while they are hospitalized, coordinate service planning throughout the resident's stay, and plan for conditional release. The Forensic Case Manager/Specialist will receive timely notification of treatment team meetings and other relevant meetings. In addition, efforts will also be made to promote regular contact with the</p>							
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CONFIDENTIAL



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						Ratings Based Upon: I = Interview O = Observation D = Documentation

Forensic Case Managers/Specialists by the resident and the service planning team through the use of teleconferences and videoconferencing when visits to the facility are not feasible.							
i) Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity: When the assessment suggests that an individual can be safely treated in the community, a proposed conditional release plan will be prepared using CFOP 155-18.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed discharge records.	
j) Treatment Program: Residents will receive seven hours of treatment each weekday and four hours of treatment on Saturday and Sunday.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed program schedules and Resident files.	

CONFIDENTIAL



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	1	2	3	4	5	
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<p>k) Substance Abuse Services: All residents are assessed on admission for the presence of substance abuse or dependence. In addition, every resident, within five days of admission, will be screened for the presence of substance use disorders using the MAST, the SMAST, or the SASSI, along with collateral information. If any degree of substance abuse or dependence is identified, then the resident is evaluated comprehensively by a masters-level Certified Addictions Professional (CAP), the treatment interventions will be recommended by the CAP. After the comprehensive assessment, a narrative summary will be done, integrating the substance abuse</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed list of residents in Substance Abuse Program to determine timely assessment. D – Reviewed program schedules and materials related to substance abuse programs.</p>
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CONFIDENTIAL

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	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation

<p>and mental health issues and making recommendations. Treatment for the substance abuse disorders will be provided by staff who either have training and/or experience in treatment of substance use disorders with co-occurring mental health disorders, or are supervised by a masters-level CAP with experience in the assessment and treatment of this population.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1) Food Services: It is the responsibility of the provider to assure all resident's dietary needs are met in accordance with standards set forth by the Joint Commission for Accreditation on Healthcare Organizations (JCAHO) and the American Dietetic Association.</p>	<p>D – Reviewed Menus.</p> <p>I – Interviewed Food Service Personnel.</p> <p>D - Reviewed current Certifications and Licenses.</p> <p>D – Reviewed dietary records.</p>	<p>• Evidence of very good Dietary Services documentation and communication with other areas including Treatment teams, pharmacy, dietary services with respect to the nutritional requirements of the patient. The food service operation meets JCAHO and ADA</p>
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<p>Three meals per day with therapeutic nutritional snacks are served to all residents. All food drug interactions are reviewed and considered by the team prior to dispensing pharmacological agents. All food-drug interaction potentials are communicated to the dietary staff and Licensed Dietitian. In addition to food-drug interactions, the dietitian may, in the course of assessing the resident, discover evidence of nutritionally related side effects of medication ordered. Any recommendations to reduce or ameliorate these effects will be documented in the assessment. Menus are planned by a Licensed Dietitian to insure diets are nutritionally adequate. The menus are based on a four week</p>							standards. Documentation of consideration of food/drug interactions are well documented in the resident records.
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CONFIDENTIAL



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	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

cycle with planned substitutions and extensions for both therapeutic and modified diets.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>I – Interviewed the facility Business Manager.</p> <p>O – Reviewed and observed the operation of the canteen services.</p>	Good availability and operation of canteen services.
<p>m) Canteen Services: The canteen will be available for all residents to purchase snacks and other personal items, consistent with the individual's dietary requirements. This will provide the resident the opportunity to develop and utilize their empowerment skills in a safe environment. The canteen will naturally provide opportunities for vocational assessment and education, as well as socialization among those residents who seek to gain from this experience. The canteen will be open daily during the hours when residents are encouraged to attend recreational therapeutic services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CONFIDENTIAL



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08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

n) Resident Bank Accounts: It is the responsibility of the provider to establish bank accounts for all residents in accordance with Florida Statute, 402.17 and the Department of Children and Families policy "Client Trust Funds Volume 7, Chapter 3".	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident bank account statements and individual records.	The process is well documented. The patient bank accounts are in compliance with F.S. 402.17 and DCF policy "Client Welfare Trust Funds", Volume 7, Chapter 3.
o) Aggression Control: All patients admitted to the South Florida Evaluation and Treatment Center (SFETC) will be provided with an initial evaluation of aggressive potential that includes the person's verbal and observed behaviors as well as any historical data through knowledge of charges and arrest record as well as through collaborative information obtained from family.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records. I – Interviewed staff.	(General Observation on items o) through q) - The resident files are somewhat inconsistent on documentation location for these items. Most applicable documentation was located with assistance from staff. Suggest closer attention be paid to documenting this portion of resident records. The contract requirements for

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South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

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the court, jail staff etc. when possible. For those residents who clearly present dangerous behaviors which put themselves or others at risk, precautions will be taken to protect the residents and staff who might be exposed to such risks. Upon identification of risk, all treatment members will be notified of the identified risk and through the treatment planning session a decision will be made as to the resident's placement within the facility, should there be a need to move him/her. Like residents on suicide observation, these residents will be placed on a precautionary status indicative of their potential aggression toward others.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records.	• 1 of 4 records had no
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<p>goal of the provider to create an environment which minimizes the need for seclusion and/or restraint, to prevent emergency situations that could lead to seclusion and/or restraint; and when used, to facilitate the discontinuation of these special procedure without endangering others or compromising the therapeutic milieu. Seclusion and Restraint usage is governed by the hospital policies and procedures; the Department of Children and Families Restraint and Seclusion operating procedure and the guidelines from The Joint Commission of Accreditation, Provision of Care, Treatment and Service (JCAHO 2005).</p>						<p>documentation that the seclusion/restraint was ordered by a physician. The forth record was pulled from a list of S and R residents but one of the resident files had no further documentation of the incident.</p> <p>2 of 4 records had no documentation that:</p> <ul style="list-style-type: none"> The room was checked for safety prior to placement of the resident. <p>1 of 4 records had no documentation that:</p> <ul style="list-style-type: none"> Blanket and mattress were provided after 2 hours. The resident's physical

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

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<p>condition was checked upon release.</p> <p>1 of 4 records did not have documentation that an incident report has been submitted to facility administrator for review.</p> <ul style="list-style-type: none"> 3 of 4 records did not have a written physician order containing a progress note. 1 of 4 records did not have a written physician order with a legible signature and title. 3 of 4 records did not have a written physician order containing: Specific facts and behaviors justifying intervention as least restrictive. Time of initiation and expiration of the 							

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December 09-11, 2008

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<p>q) Daily Living: It is the responsibility of the provider to assure all residents' daily living needs are met and to promote the resident's independence through appropriate training for living skills. Residents who do not demonstrate independence with daily living will be offered a skills training to further assist toward resident independence.</p> <p>All residents who are admitted and do not have sufficient clothing will be provided with</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>authorization.</p> <ul style="list-style-type: none"> Special care or monitoring instructions. Physical proximity of staff. <p>Corrective Action Required.</p>
						D – Reviewed resident records.	<p>Daily Living is assessed regularly.</p> <p>Document provision of clothing and hygiene supplies in resident records.</p>

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	1	2	3	4	5	
Ratings Based Upon: I = Interview O = Observation D = Documentation						

five sets of seasonally appropriate attire. All hygiene supplies will be provided for the residents. Barber shop and beautician services will be available on site. Each resident will be assessed as to their learning needs regarding activities of daily living. Each deficit will be discussed with the resident and recommendation for targeted group work on these life skills will be offered and documented on the individual service plan if indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r) Management of Resident Grievances: The provider ensures residents and/or family, and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed resident grievances.	Resident grievances were resolved in a timely manner and in compliance with Florida Statutes

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	Unacceptable	Conditionally Acceptable				
		1				

significant other and/or advocate to have access to the grievance process that complies with the Florida Statutes Chapter 916, Chapter 65E-20 Forensic Client Services Act Regulation, and the Joint Commission for Accreditation of Hospitals (JCAHO).							and JCAHO standards.
s) Access to Grounds: Built into the program schedule are various organized recreational activities as well as designated times to be outdoors, weather permitting, for fresh air breaks. All residents while outdoors will be accompanied by security and direct care staff. Prior to leaving and immediately returning to the building a complete head count	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed Daily Master Schedule. O – Observed Outdoor Area and Canteen.	

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will be conducted to ensure all residents are accounted for. Special precautions will be taken for those individuals who may be heat sensitive resulting from psychotropic and other medications. Those residents who require additional assistance to get outdoors will be provided that support. All residents, per their unit schedule, will be encouraged to spend time outdoors in the designated areas.							
t) Diversity and Access: Special provisions must be made to accommodate a culturally diverse population which includes making treatment available to residents whose primary language is other than English.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed list of residents who have primary language other than English. Records were reviewed for documentation of services. The facility's process to accommodate a culturally diverse population is in compliance with contractual requirements.

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State of Florida
Department of Children and Families

Charlie Crist
Governor

George Sheldon
Secretary

March 13, 2009

Dale Frick, Vice President
Project Development and Client Relations
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Mr. Frick,

The report of the Department's December 09-11, 2008 Contract Monitoring visit at the South Florida Evaluation and Treatment Center (SFETC) is enclosed.

The monitoring team found the GEO Group/SFETC staff to be extremely cooperative and attentive, which greatly facilitated the monitoring process.

Of the 62 areas reviewed, 1 was found unacceptable and did not meet contractual requirements, 4 were found conditionally acceptable, 54 fully met contract requirements, 2 exceeded requirements and 1 was not applicable. Please provide a detailed corrective action plan (CAP) by April 30, 2009 for areas identified in the attached report. The CAP should detail the implementation of significant phased improvement in the identified areas within 30 days.

The Department would like to thank the SFETC staff for your hard work and encourage your facility to continue its efforts in the future.

If you or your staff have any questions regarding the report or direction of the correction action plan, please do not hesitate to call me at (850) 921-0547.

Sincerely,

A handwritten signature in black ink, reading 'Dineen Cicco'.

Dineen Cicco, MSW
Privatized Facilities Contract Manager

cc. Joy Neves, Chief SAMH Contracts
Sally Cunningham, DCF Director of MH Facilities
Kate Lyon, Director DCF Mental Health
Lee Packer, SFETC Facility Administrator
Genna Marx, GEO Director of Contract Compliance

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient
Families, and
Advance Personal and Family Recovery and Resiliency

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Programmatic Contract Monitoring Report December 2008 Provider Contract Requirements		Rating					Ratings Based Upon: I= Interview O= Observation D= Documentation QR= Quality Review completed		Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)			
		Explain		Fully Met	Exceeded	Not Applicable						
		Unacceptable	Conditionally Acceptable									
		1	2	3	4							
1.	There is a Facility Manager, employed full time at South Florida Evaluation and Treatment Center, with qualifications meeting contract requirements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D		Frank Fela, the interim facility manager, does not have qualifications that meet the contract requirements. Frank is also not working at SFETC on a full time basis. He is splitting his time between SFETC and TCFTC. The provider and the DCF contract manager are working to resolve this issue.			
2.	The preventive maintenance program must be computerized and integrated with a computerized work order system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D		The MP2 system, used at the old facility has been implemented at the new facility. The facility team is expanding the use of the program to meet the needs of the new buildings.			
3.	Preventive maintenance activities meet or exceed minimum criteria and are current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D		All preventive maintenance activities were found to be current. Recommend writing the installation dates on HVAC filters to help in adjusting replacement time requirements.			
4.	Service call log and work order tracking is current for maintenance and repair activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D		The basic needs for tracking work orders have been met. Staff is expanding the use of the work order tracking system for improved management efficiency.			
5.	Quality assurance/quality improvement program and inspection plans are in place and current. The program should include maintenance and repair, landscaping, hazardous materials, waste management, pest control, life-safety, security and housekeeping activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D Q/R		Under the performance improvement plan, most facilities issues are monitored monthly under the Environment of Care/Safety plan. The monthly Environment of Care checklist is completed during monthly monitoring. As listed in the plan, indicators of measures of performance to be monitored relate to: <ul style="list-style-type: none"> • Safety & Security • Hazardous Materials and wastes • Fire Safety • Medical equipment • Utilities The plan may be expanded to list the following items: <ul style="list-style-type: none"> • landscaping, • pest control, • maintenance and repair • housekeeping 			
6.	Facility conducts multidisciplinary tours to identify environmental deficiencies, hazards and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D		Staff conduct monthly "Environment of Care" inspection covering all operational areas of responsibility. The			

CONFIDENTIAL

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	Unacceptable	Conditionally Acceptable					
	1	2	3	4			N/A

unsafe practices. Documentation of tours, deficiencies noted and subsequent corrective action is maintained and readily accessible.							checklists review were found to be complete and current.
7. Facilities Quarterly Reports are complete and current. Quarterly reports should include maintenance, repair housekeeping, utility consumption and contracted facility support activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The quarterly reports were found to be complete and current. Facility staff is revising the report to make it more concise and informative.
8. Up-to-date inventory of all tools, equipment, materials and supplies (furnishings) are complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The inventory was revised at building occupancy. The inventory is documented on multiple lists relating to the sources of the property. Staff is to combine lists into a single inventory database.
9. Hazardous Materials Management Program is current and in compliance with regulating agency guidelines. Hazmat use, storage and disposal are in accordance with regulating agency requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	MSDS Sheets were found in binders maintained throughout facility. Staff is to add index to help locate individual sheets. More flammable lockers are needed in the maintenance building.
10. Annual Facilities Operating Plan (outline of the provider's operating, maintenance and repair objectives for the coming 12 months) is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I	Developing 2009 plan for issue by end of month. The previous plan was for the old facility.
11. Emergency Operating/Management Plan, including emergency evacuation plan is complete and current.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The plans need to be approved by County disaster management office.
12. Biohazardous Waste program is current and in compliance with regulating agency guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	A metal, pick up box is located in the service yard. Disposal quantities are logged.
13. The security systems are properly maintained, operated and documented. These systems include key and lock administration, fencing, video monitoring, electric locks and perimeter security electronics.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	No problems noted. The automated key watcher system is used to track key issue. The key schedule, maintained in the security manager's office, is complete and current. With the exception of a couple of lock cylinders that were being replaced, all security systems were found to be operational.
14. Technical library, including as-built drawings and manuals, is maintained in an orderly manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	Maintained in facility manager's office with copies in maintenance office.
15. Biomedical equipment certification and maintenance program is complete and current. Equipment is tagged with current certification stickers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O D	All biomedical equipment is inspected and certified by Pace Medical. All certification stickers were found to be current.

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	1	2	3	4	N/A		

that are issued by qualified technicians.							
16. Warranty files and logs are complete and current. The log should document all work completed under warranty.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I D	Maintained in Facility Manager's office. Construction warranty issues are tracked in log maintained by the Facility Manager to "debug" construction issues.
17. Housekeeping (janitorial) functions are accomplished in a timely and efficient manner. A cleaning log and daily checklists for routine and project cleaning is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Housekeeping program appears to be doing well. The housekeeping supervisor from SFSH was on site to improve procedures for the new facility. More effort is needed in the shower floors in the residential areas.
18. Housekeeping inspection and monitoring plan, acceptable to the Department, is in place and current. Plans include provisions for day-to-day inspections and monitoring conducted to ensure compliance with contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Daily logs and checklists are used by housekeeping staff. Monthly inspections are covered by Environment of Care rounds
19. The waste disposal program, acceptable to the Department, is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	Dumpsters are located in the in service yard. Drainage may become an issue. No compactor used.
20. Building pest control program, acceptable to the department, is complete and current. The pest control service is provided by qualified technicians. A pest control incidents log and service schedule is complete and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	Orkin provides routine and incidental treatment. To include logs and service schedules in the MP2 computerized maintenance system. No evidence of pests were noted.
21. Landscaping program, acceptable to the department, is complete and current. Lawn is mowed and trimmed, shrubbery and trees are maintained and the storm drainage system is fully operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	The grounds are well maintained.
22. A fire safety management plan is in place and effective. Fire drills are conducted and documented on as required. The fire sprinkler, fire alarm and fire extinguisher systems are routinely inspected, certified and operational. Deficiencies noted on inspections by the State Fire Marshall's Office are corrected within required timeframes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I O D	All life safety systems had current certification tags. Smoke compartments are individually marked and color coded to assist in emergency evacuation. Breathing apparatuses and fire blankets have been installed in all control rooms.
23. A plan is in place for implementing interim life safety measures, when the building does not meet requirements of the life safety code.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O D	The written plan and implementation log are maintained in the Facility Manager's office.
24. A recycling plan is in place and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I O	Cardboard boxes and office paper are recycled.

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	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		

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South Florida Evaluation and Treatment Center

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I. Personnel/Staffing

- The Provider shall provide a management team which meets the following minimum qualifications:
 - Hospital Administrator:
 - Management or supervisory experience providing services to persons with psychiatric disabilities, including at least ten years in a management position comparable to an executive staff level role in a psychiatric center, research institute or developmental center.
 - Appropriate professional degree or minimum educational level attained will be a master's degree in any mental health or administrative discipline. Florida license or certification is required where applicable. At least three

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D - Reviewed personnel records.

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615 08-09 Fiscal Year		Monitoring Team: Joy Neves, Gary Thompson and Casey Jones				
Performance Indicator	Rating				Notes and Comments	
	Explain					
	Unacceptable	1	2	3		4
		Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
		Ratings Based Upon: I = Interview O = Observation D = Documentation				

of the ten years of management/supervisory experience must have been in a forensic setting.									
b) Assistant Hospital Administrator: Management or supervisory experience providing services to persons with psychiatric disabilities, including at least five years in a management position comparable to an executive staff level role in a psychiatric center, research institute or developmental center. Appropriate professional degree or minimum educational level attained will be a master's degree in any mental health or administrative discipline. Florida license or certification is required where applicable. At least two of	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel records.

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	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
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	1	2	3	4	5	

Ratings Based Upon:
I = Interview
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D = Documentation

the five years of management/supervisory experience must have been in a forensic setting.							
c) Nursing Director: Licensed to practice as a Registered Nurse in the State of Florida, including at least two years of post-licensure clinical nursing experience working exclusively with individuals diagnosed with mental illness or multiple disabilities. In addition, the Director must have a master's degree in Nursing and two years of managerial experience or a Master's degree in a related health care or medical services, behavioral or rehabilitative science field and three years managerial experience. The managerial work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel records.

CONFIDENTIAL



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experience must come from performing those duties typically associated with an Assistant or Associate Director of Nursing, or Director of Nursing. This experience must have been gained exclusively in a mental health setting program, or a discrete psychiatric program that is part of a health care facility. Experience in a forensic setting is preferred.						
d) Clinical Director: A valid Florida license to practice medicine or a limited permit and a license from another state or Canada, and certification by the American Board of Psychiatry and Neurology and seven years of professional experience in providing services to persons with psychiatric disabilities, two years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel records.

CONFIDENTIAL



Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

of which must have been at the administrative clinical level - assistant director or its equivalent. Five of the seven years experience must have been in a forensic setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e) Security Chief: A bachelor's degree, a minimum of ten years experience in a correctional or secure forensic mental health facility with at least five years of managerial level experience, and certification as a state correctional officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel records.	
f) Facility Manager: An engineering, construction or business-related bachelor's degree (masters preferred) and at least ten years of facilities management experience, five of which must be	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel records. Reviewed contract requirements.	The current interim facility manager does not have the qualifications that meet contract requirements for this position. He is also not working at SFETC on a full time basis. He is splitting his

CONFIDENTIAL

CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
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in an environment of comparable size and complexity to SFETC. Experience in a healthcare and/or institutional setting is desirable and experience in a secure forensic facility is preferred. Demonstrated skills in life-safety systems, computerized work order management and preventive maintenance systems are required.							time between SFETC and TCFTC. The provider and the Department's Contract Manager are working together to address and resolve this issue. No Corrective Action Plan required at this time.
2. The provider shall maintain staffing levels that, at a minimum, conform to those positions listed in the Staffing Plans attached as Exhibit B-1, B-2, and B-3. In the event a position listed on the Staffing Plans becomes vacant, the provider shall have 30 calendar days to fill the vacant position.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed staffing roster. Reviewed Referenced Exhibits.	
3. The provider shall comply with sections 394.4572(1) (a) and 397.451,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel records.	<ul style="list-style-type: none"> 1 of 10 files did not contain evidence of CPI/NCL.

CONFIDENTIAL



South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	1	2	3	4	5	

F.S., with regard to screening and fingerprinting of mental health and substance abuse personnel.						D - Reviewed Policy and procedures. I - Interviewed staff.	Staff provided documentation that the screening had been requested and was pending. <ul style="list-style-type: none"> The personnel files were well organized. Interviewed staff responsible for file maintenance to discuss file organization.
4. The provider must ensure screening of all mental health service personnel employed by the provider to the same extent as if such personnel were employees of the Department, to the end that the employees of the provider must meet the same standards set forth in Chapter 435, F.S., as may be amended from time to time. Prospective employees must also successfully pass a pre- CONFIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel records. I - Interviewed staff.	(General Observation) The forms used to report the various tests have been changed, thus the documentation is not the same in all the files. Staff explained that the use of a new form was transitioning through as new staff are hired.



Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	1	2	3	4	5	

Ratings Based Upon:

I = Interview

O = Observation

D = Documentation

<p>employment medical examination prior to placement. The examination will include, at a minimum, PPD and/or chest x-ray and serology. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo and pass an annual PPD and/or chest x-ray.</p>					
<p>5. Certain positions or work assignments require the maintenance of an active license, registration or certification. It is the provider's responsibility to ensure that such licenses (including driver's or chauffeur's licenses), registrations or certifications are maintained on a current basis by the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed personnel records.</p>

CONFIDENTIAL



Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

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personnel in these positions. As an example, security officers must be certified as state correctional officers.

II. Performance Measures

6. Reduce the average amount of time that residents have been adjudicated ITP spend in the facility before being returned to court as competent.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed monthly reports.	Average from July – November 2008 is 115.1 days. The measure “average amount of time” could be better expressed in number of days.
7. Reduce the average amount of time the residents who have been adjudicated NGI spend in the facility by vigorous risk assessment and conditional release planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed monthly reports.	Measure is contractually compliant. However, recommend review of definition of measure to ensure factors considered in the average are appropriate.
8. Duplicate Measure							

CONFIDENTIAL

CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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9. Improve the percentage of residents evaluated as competent, who have been returned to court within 30 days of the court's receipt of the competency report. (for both the existing and new facility).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed monthly reports.	
10. Initial Assessments and Screenings: A Psychiatric, Medical, Nursing, History of abuse and neglect, and specialized rehabilitation services will occur within 24 hours of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records.	
11. A Psychological, Social, Vocational, Educational, Substance Abuse screening, and Functional skills needs assessment will occur within 30 days of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records.	

CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones


Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
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	Unacceptable	Conditionally Acceptable					
	1	2	3	4	5		

12. A Dental and Nutritional assessment will occur within 10 days of admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records. I – Interviewed Staff	Dental assessments were difficult to locate in some files. Staff assistance was required to determine compliance.
13. Per section 4.9.1.10.3, the provider will be responsible for the secure transportation of SFETC residents to outside medical appointments when these are required. Security personnel will accompany residents and remain with them continuously during their outside appointments, treatments, and hospitalizations. The provider transportation will be provided unless the resident's condition requires transportation by ambulance. In the case of ambulance transport, the provider security will accompany and continuously supervise the resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed transportation logs. I – Interviewed security transportation personnel.	Secure transportation is in contractual compliance.
14. Per section 4.9.1.10.4, the provider will provide 7 day/24 hour staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed MD/ARNP Schedule.	CAP from prior monitoring implemented.

CONFIDENTIAL



South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

		Contract #: LH615 08-09 Fiscal Year		Monitoring Team: Joy Neves, Gary Thompson and Casey Jones											
Performance Indicator		Rating										Ratings Based Upon: I = Interview O = Observation D = Documentation		Notes and Comments	
		Explain													
		Unacceptable	1	2	Conditionally Acceptable	Fully Met Requirement	3	4	Exceeded Requirement	5	Not Applicable				

<p>coverage for the provision of medical care to the 200 SFETC residents. There will be one ARNP on site, 7 days a week, 24 hours a day to provide medical assessment and treatment under the supervision of an internal medicine physician. There will be a medical unit/infirmery with 20 beds and a physician on-call 7 days a week, 24 hours a day to address the medical needs of the residents. The medical services staff will provide for all of the medical and dental assessment, reassessment, and ongoing physical health care needs of the SFETC residents.</p>	I – Interviewed Lee Packer											
<p>Descriptions of the Clinical and Psychological Services that will be offered by the provider at SFETC are provided below. These services will include treatments targeted to the</p>												

CONFIDENTIAL
15



South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	1	2	3	4	5	
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<p>resident's commitment status (e.g., competency restoration services for individuals who are ITP) and services that will help to facilitate a successful transfer to a civil hospital or if the judge orders Conditional Release, discharge into the community.</p> <p>a) Competency Restoration: Competency restoration services will be provided daily to ITP residents.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed Program Schedule.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed MYR Program Schedule. D- Reviewed Resident Records I – Interviewed Lee Packer	
<p>b) Managing Your Risk (Risk Management/Relapse Prevention): Individuals who have been found NGI will learn and practice risk reduction skills through their participation in the Managing Your Risk Program (MYR). The program meets twice per week for three to four months and thereafter has at least</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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monthly booster sessions.							
c) Anger Management and Anger Treatment: SFETC staff will lead structured, psycho-educational anger management groups for those individuals (primarily individuals found NGI) who need to learn anger control strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed program schedules. I – Interviewed Lee Packer	
d) Illness Management and Recovery Program: Another evidenced-based practice that will be implemented by the provider at SFETC is an Illness Management and Recovery Program. The goals of the program are to improve knowledge about mental illness, reduce relapse and re-hospitalizations, cope more effectively and reduce distress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed program schedules. I – Interviewed various staff.	

CONFIDENTIAL



Programmatic Contract Monitoring

December 09-11, 2008

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

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	1	2	3	4	5	
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<p>from symptoms, and use medications more effectively (SAMHSA's National Mental Health Information Center). This Illness Management and Recovery Program will cover the following topics: recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>h) Educational Program: Educational services for juveniles who have been adjudicated as adults need to be coordinated with</p>	<p>Two juveniles adjudicated as adults are currently residents at SFETC. They are not in school and do not require educational</p>
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CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	Unacceptable	Conditionally Acceptable				
		1				
						Ratings Based Upon: I = Interview O = Observation D = Documentation

diagnostic, assessment and therapeutic services.							services. Determination based on assessment by staff.
i) Recreational Services: Examples of activities include: Special events, sports events, physical fitness, holiday parties, theater group, movies, dances, community outings with permission from the judge, horticulture, art therapy, sewing group, library, music, and other special interest groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed recreational schedules and attendance documents.	A wide range of activities are provided.
g) Pre-Vocational, Vocational, and Work Programs: The provider will use pre-vocational, vocational, and work programs to support resident's interests and skills in becoming more independent when returned to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed Vocational Services Program. I – Interviewed staff responsible for placement and supervision of patients in the program.	

CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	1	2				
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Examples of activities include: Vocational readiness evaluations, vocational and work exploration groups, job seeking skills groups, and supported work activities in recreation (for instance, music, arts, or sports), maintenance, library, canteen, computer room, and education (such as peer tutoring for literacy skills).							
h) Detailed Aftercare Planning Services: Planning for discharge and/or conditional release begins at admission to the facility and will be in compliance with relevant Departmental procedures, accreditation standards, and applicable state laws regarding discharge planning and conditional release. The assigned Forensic Case Manager/	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed Aftercare documentation in resident records, including planning documentation. I- Interviewed staff responsible for planning.	This is an area of improvement over the last monitoring. The facility promotes the active involvement of the Forensic Case Manager/Specialist in all aspects of the planning process. Resident records are well documented,

CONFIDENTIAL



Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

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	1	2	3	4	5		

Forensic Case Managers/Specialists by the resident and the service planning team through the use of teleconferences and videoconferencing when visits to the facility are not feasible.							
i) Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity: When the assessment suggests that an individual can be safely treated in the community, a proposed conditional release plan will be prepared using CFOP 155-18.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed discharge records.	
j) Treatment Program: Residents will receive seven hours of treatment each weekday and four hours of treatment on Saturday and Sunday.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed program schedules and Resident files.	

CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

k) Substance Abuse Services: All residents are assessed on admission for the presence of substance abuse or dependence. In addition, every resident, within five days of admission, will be screened for the presence of substance use disorders using the MAST, the SMAST, or the SASSI, along with collateral information. If any degree of substance abuse or dependence is identified, then the resident is evaluated comprehensively by a masters-level Certified Addictions Professional (CAP), the treatment interventions will be recommended by the CAP. After the comprehensive assessment, a narrative summary will be done, integrating the substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed list of residents in Substance Abuse Program to determine timely assessment. D – Reviewed program schedules and materials related to substance abuse programs.

CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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and mental health issues and making recommendations. Treatment for the substance abuse disorders will be provided by staff who either have training and/or experience in treatment of substance use disorders with co-occurring mental health disorders, or are supervised by a masters-level CAP with experience in the assessment and treatment of this population.							
1) Food Services: It is the responsibility of the provider to assure all resident's dietary needs are met in accordance with standards set forth by the Joint Commission for Accreditation on Healthcare Organizations (JCAHO) and the American Dietetic Association.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed Menus.</p> <p>I – Interviewed Food Service Personnel.</p> <p>D - Reviewed current Certifications and Licenses.</p> <p>D – Reviewed dietary records.</p>	<p>• Evidence of very good Dietary Services documentation and communication with other areas including Treatment teams, pharmacy, dietary services with respect to the nutritional requirements of the patient. The food service operation meets JCAHO and ADA</p>

CONFIDENTIAL



Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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Three meals per day with therapeutic nutritional snacks are served to all residents. All food drug interactions are reviewed and considered by the team prior to dispensing pharmacological agents. All food-drug interaction potentials are communicated to the dietary staff and Licensed Dietitian. In addition to food-drug interactions, the dietitian may, in the course of assessing the resident, discover evidence of nutritionally related side effects of medication ordered. Any recommendations to reduce or ameliorate these effects will be documented in the assessment. Menus are planned by a Licensed Dietitian to insure diets are nutritionally adequate. The menus are based on a four week

CONFIDENTIAL

standards. Documentation of consideration of food/drug interactions are well documented in the resident records.



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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cycle with planned substitutions and extensions for both therapeutic and modified diets.						
m) Canteen Services: The canteen will be available for all residents to purchase snacks and other personal items, consistent with the individual's dietary requirements. This will provide the resident the opportunity to develop and utilize their empowerment skills in a safe environment. The canteen will naturally provide opportunities for vocational assessment and education, as well as socialization among those residents who seek to gain from this experience. The canteen will be open daily during the hours when residents are encouraged to attend recreational therapeutic services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I – Interviewed the facility Business Manager. O – Reviewed and observed the operation of the canteen services.
						Good availability and operation of canteen services.

CONFIDENTIAL



South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating						Notes and Comments
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	1	2	3	4	5		

n) Resident Bank Accounts: It is the responsibility of the provider to establish bank accounts for all residents in accordance with Florida Statute, 402.17 and the Department of Children and Families policy "Client Trust Funds Volume 7, Chapter 3".	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident bank account statements and individual records.	The process is well documented. The patient bank accounts are in compliance with F.S. 402.17 and DCF policy "Client Welfare Trust Funds", Volume 7, Chapter 3.
o) Aggression Control: All patients admitted to the South Florida Evaluation and Treatment Center (SFETC) will be provided with an initial evaluation of aggressive potential that includes the person's verbal and observed behaviors as well as any historical data through knowledge of charges and arrest record as well as through collaborative information obtained from family,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident records. I – Interviewed staff.	(General Observation on items o) through q) - The resident files are somewhat inconsistent on documentation location for these items. Most applicable documentation was located with assistance from staff. Suggest closer attention be paid to documenting this portion of resident records. The contract requirements for

CONFIDENTIAL



Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

the court, jail staff etc. when possible. For those residents who clearly present dangerous behaviors which put themselves or others at risk, precautions will be taken to protect the residents and staff who might be exposed to such risks. Upon identification of risk, all treatment members will be notified of the identified risk and through the treatment planning session a decision will be made as to the resident's placement within the facility, should there be a need to move him/her. Like residents on suicide observation, these residents will be placed on a precautionary status indicative of their potential aggression toward others.

CONFIDENTIAL

<p>the court, jail staff etc. when possible. For those residents who clearly present dangerous behaviors which put themselves or others at risk, precautions will be taken to protect the residents and staff who might be exposed to such risks. Upon identification of risk, all treatment members will be notified of the identified risk and through the treatment planning session a decision will be made as to the resident's placement within the facility, should there be a need to move him/her. Like residents on suicide observation, these residents will be placed on a precautionary status indicative of their potential aggression toward others.</p>	<input checked="" type="checkbox"/>											<p>p) Restraint & Seclusion: It is the</p>	<p>1 of 4 records had no</p>
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CONFIDENTIAL



South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
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	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

<p>goal of the provider to create an environment which minimizes the need for seclusion and/or restraint, to prevent emergency situations that could lead to seclusion and/or restraint; and when used, to facilitate the discontinuation of these special procedure without endangering others or compromising the therapeutic milieu. Seclusion and Restraint usage is governed by the hospital policies and procedures; the Department of Children and Families Restraint and Seclusion operating procedure and the guidelines from The Joint Commission of Accreditation, Provision of Care, Treatment and Service (JCAHO 2005).</p>						<p>documentation that the seclusion/restraint was ordered by a physician. The forth record was pulled from a list of S and R residents but one of the resident files had no further documentation of the incident.</p> <p>2 of 4 records had no documentation that:</p> <ul style="list-style-type: none"> The room was checked for safety prior to placement of the resident. <p>1 of 4 records had no documentation that:</p> <ul style="list-style-type: none"> Blanket and mattress were provided after 2 hours. The resident's physical
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CONFIDENTIAL



Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

condition was checked upon release.							
1 of 4 records did not have documentation that an incident report has been submitted to facility administrator for review.							
<ul style="list-style-type: none"> • 3 of 4 records did not have a written physician order containing a progress note. • 1 of 4 records did not have a written physician order with a legible signature and title. • 3 of 4 records did not have a written physician order containing: <ul style="list-style-type: none"> • Specific facts and behaviors justifying intervention as least restrictive. • Time of initiation and expiration of the 							

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South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

q) Daily Living: It is the responsibility of the provider to assure all residents' daily living needs are met and to promote the resident's independence through appropriate training for living skills. Residents who do not demonstrate independence with daily living will be offered a skills training to further assist toward resident independence. All residents who are admitted and do not have sufficient clothing will be provided with	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	authorization. • Special care or monitoring instructions. • Physical proximity of staff. Corrective Action Required. Daily Living is assessed regularly. Document provision of clothing and hygiene supplies in resident records.

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Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

	Rating					Notes and Comments
	Explain					
	1	2	3	4	5	
Performance Indicator	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation

<p>five sets of seasonally appropriate attire.</p> <p>All hygiene supplies will be provided for the residents.</p> <p>Barber shop and beautician services will be available on site.</p> <p>Each resident will be assessed as to their learning needs regarding activities of daily living. Each deficit will be discussed with the resident and recommendation for targeted group work on these life skills will be offered and documented on the individual service plan if indicated.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed resident grievances.</p>	<p>Resident grievances were resolved in a timely manner and in compliance with Florida Statutes</p>
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South Florida Evaluation and Treatment Center

Programmatic Contract Monitoring

December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

significant other and/or advocate to have access to the grievance process that complies with the Florida Statutes Chapter 916, Chapter 65E-20 Forensic Client Services Act Regulation, and the Joint Commission for Accreditation of Hospitals (JCAHO).						and JCAHO standards.
s) Access to Grounds: Built into the program schedule are various organized recreational activities as well as designated times to be outdoors, weather permitting, for fresh air breaks. All residents while outdoors will be accompanied by security and direct care staff. Prior to leaving and immediately returning to the building a complete head count	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed Daily Master Schedule. O – Observed Outdoor Area and Canteen.

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South Florida Evaluation and Treatment Center Programmatic Contract Monitoring December 09-11, 2008

Contract #: LH615
08-09 Fiscal Year

Monitoring Team: Joy Neves, Gary Thompson and Casey Jones


Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	
Ratings Based Upon: I = Interview O = Observation D = Documentation						

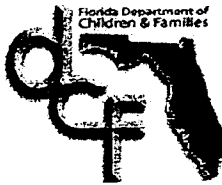
<p>will be conducted to ensure all residents are accounted for. Special precautions will be taken for those individuals who may be heat sensitive resulting from psychotropic and other medications. Those residents who require additional assistance to get outdoors will be provided that support. All residents, per their unit schedule, will be encouraged to spend time outdoors in the designated areas.</p>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed list of residents who have primary language other than English. Records were reviewed for documentation of services.</p> <p>The facility's process to accommodate a culturally diverse population is in compliance with contractual requirements.</p>
<p>t) Diversity and Access: Special provisions must be made to accommodate a culturally diverse population which includes making treatment available to residents whose primary language is other than English.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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South Florida Evaluation and Treatment Center
Programmatic Contract Monitoring
December 09-11, 2008

		Contract #: LH615 08-09 Fiscal Year										Monitoring Team: Joy Neves, Gary Thompson and Casey Jones																			
Performance Indicator		Rating										Ratings Based Upon: I = Interview O = Observation D = Documentation										Notes and Comments									
		Unacceptable	1	Conditionally Acceptable	2	Fully Met Requirement	3	Exceeded Requirement	4	Not Applicable	5																				



State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

December 9, 2010

Genna Marx, Director of Contract Compliance
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Ms. Marx:

The Florida Department of Children and Families (Department) conducted a programmatic contract monitoring review of the South Florida Evaluation and Treatment Center (SFETC) on October 19 – 22 of this year. The review period encompassed dates of service from December 1, 2009 through September 30, 2010. Department staff from the Mental Health Program Office Contracts Team and the Construction and Design Team participated in the monitoring review.

The enclosed monitoring report consists of a summary, general program and services, resident, personnel, and facility management monitoring tools containing specific details concerning those areas. Only those resident and personnel files from the sample that were applicable to the performance requirement being reviewed were included in the scoring methodology. If an item on the attached monitoring tools fell below 90 percent compliance, that item will be indicated as an **"Opportunity for Improvement"** and does not require a formal Corrective Action Plan (CAP). Items that fell below 85 percent compliance will require a formal CAP. Those items are identified by **"Corrective Action Required"** in the monitoring tools. The CAPs for each indicated item are required to be submitted to the Department by close of business January 10, 2011. All CAP items will be reviewed during the next on-site monitoring to ensure that the CAP was implemented and improvement has been made.

The Department would like to thank you and the SFETC staff for your continued efforts in providing quality services to the people of Florida. If you have any questions regarding the report or the items that require corrective action, please do not hesitate to contact me at (850) 921-0547.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Dichio', is written over a horizontal line.

Frank Dichio
Privatized Facilities Contract Manager

cc: Katharine V. Lyon, Ph.D., DCF Director, Mental Health Program Office
Sally Cunningham, MSW, DCF Chief, Mental Health Treatment Facilities
Joy Neves, DCF Chief, Substance Abuse and Mental Health Contracts
Dale Frick, Divisional Vice President, Adult Residential Treatment, GEO Group, Inc.
Lee Packer, SFETC Facility Administrator

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

**South Florida Evaluation and Treatment Center (SFETC), Contract #LH615
October 19th – 22nd, 2010**

On-Site Monitoring Report Summary

Monitoring Team Members: Joy Neves, Chief SAMH Contracts; Tarha Sondesky, Contract Manager; Frank Dichio, Contract Manager, Casey Jones, Design and Construction

This summary incorporates findings from the General Program and Services, Resident File, Personnel File, and Facility Management Reviews.

General Program and Services Review

The review of the facility's general programs and services was excellent. The monitoring team was impressed by the dedication of the SFETC staff and the overall appearance of the facility. The SFETC staff was friendly and very helpful in assisting the monitors with locating items when needed. SFETC staff was engaged during treatment meetings and responded to resident concerns.

The monitoring team recommends installing hand sanitizer dispensers throughout the facility. A review of Pharmacy Services indicated several incorrect counts on the Medication Administration Records (MAR). Some suggestions to help avoid these errors would be to insert dividers in the trays of the MARs and packaging medications. In addition, please add the number of resident appeals and their status to the monthly Grievance Report template. Only one (1) requirement was not in compliance with the contract and will require a corrective action plan.

Resident File Review

A total of thirty (30) resident files were reviewed consisting of current and discharged incompetent to proceed and not guilty by reason of insanity residents. The monitoring review period covered from December 1, 2009 – September 30, 2010. Only those actions/requirements that would have occurred during the review period received a rating score. A rating score of "Not Applicable (N/A)" was given if the action/requirement would not have occurred during the review period.

The resident files were well-organized and the majority of the files contained all required documentation. The resident files were divided into sections which made them easy to navigate. An opportunity for improvement would be to keep all of the Functional Assessment Rating Scale (FARS) forms together in the resident files. The monitoring team liked how the time the assessment was conducted was indicated on some of the assessment forms and would suggest adding an area next to the signature line on all forms and assessments to enter the date and time of the assessment. The monitoring team's findings included two (2) contract requirements that were not in compliance and will require corrective action.

Personnel File Review

A total of fourteen (14) current and terminated SFETC employee personnel files were reviewed during the monitoring visit. The personnel files were organized and easy to navigate. For the most part, the files were complete and contained the necessary employee documents. The only

requirement that will necessitate corrective action is that some personnel files were missing documentation of an annual PPD/Chest X-ray.

Facility Management Review

The hard work and dedication of the maintenance, housekeeping, security and kitchen/laundry staff was obvious. The facility was extremely clean and appears to be very well maintained. The security system was fully operational. Of the deficiencies noted, a majority were listed on the work order backlog report. Temperatures throughout the facility were cool and should be raised slightly to increase comfort and reduce energy costs. The monitoring team's findings included three (3) contract requirements that will require corrective action as indicated on the monitoring tool.



**South Florida Evaluation and Treatment Center
General Program and Services Monitoring Tool
Contract # LH615
October 19-22, 2010**

Monitoring Team Members: Joy Neves, Tarha Sondesky, Frank Dichio, and Casey Jones

*** REVIEW PERIOD: DECEMBER 2009 THROUGH SEPTEMBER 2010 ***

General Program and Services Review Tool Performance Indicator	Authority	Rating		Ratings Based Upon			Notes and Comments
		Met	Not Met	N/A	D = Documentation O = Observation I = Interview		
I. Facility Staff							
1	The Provider shall provide and maintain a management team comprised of a Hospital Administrator, Assistant Hospital Administrator, Nursing Director, Clinical Director, Security Chief, and Facility Manager which meets the minimum qualifications as stated in the contract. (Review staffing roster and personnel file)	Attachment I, Section, B.2.(a).(1).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	
2	The provider shall maintain staffing levels that, at a minimum, conform to those positions listed in the Staffing Plans attached as Exhibit B-1, B-2, and B-3. In the event a position listed on the Staffing Plans becomes vacant, the provider shall have 30 calendar days to fill the vacant position. (Review staffing roster and Exhibit B)	Attachment I, Section, B.2.(a).(2).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	
3	The provider shall submit the Monthly Vacant Position Report (Exhibit H2) each month to DCF tracking all Staffing Plan positions that are vacant by more than 30 calendar days by Position Number, Position Title, Number of Vacant Working Days (beyond 30 calendar days), Daily Rate of Pay, and Vacancy Deduction Calculation.	Attachment I, Section, B.2.(a).(2), and Exhibit A, Required Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation	
4	The provider will provide staffing coverage 24/7 in the composition as stated in the program description. (Review staffing roster)	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	

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II. General Programs

		Attachment I. Section B.1.a.(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	
1	Provide a comprehensive active treatment program and all services necessary to support the 24 hours a day, seven days a week residential care of persons living in a secure facility.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	JCAHO Accreditation effective 4/24/2009 and valid for up to 39 months.
2	Comply with JCAHO accreditation and Chapter 395 licensure standards throughout the length of the contract, except those standards related to building design and physical plant structure.	Attachment I. Section B.1.a.(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	
3	Provide individualized treatment as documented in treatment plans that are prepared with full participation of the resident and, to the fullest extent possible, the community forensic case manager/forensic specialist.	Attachment I. Section B.1.a.(9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	
4	Provide integrated mental health and substance abuse treatment using a best practice model; e.g. the Minkoff model.	Attachment I. Section B.1.a.(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	The Mandt System Observed Substance Abuse, Wellness, and Competency treatment courses.
5	Policies and Procedures: The provider shall develop and implement policies, operating procedures and clinical protocols consistent with best practices for forensic mental health treatment in a secure setting and in compliance with licensing and accreditation organizations, state and federal laws, codes, rules, regulations and standards, and the Department's operating procedures.	Attachment I. Section B.1.a.(17)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation	
6	The provider shall cooperate with all Department quality assurance activities and processes, in addition to maintaining its own quality assurance functions relating to the management of the facility in compliance with JCAHO standards. The provider shall permit the Department access to the facility, staff, residents, and records at all times. The provider agrees to cooperate fully with the Department in the conduct of performance audits and financial audits.	Attachment I. Section B.1.a.(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	

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7	Educational Program: Educational services for juveniles who have been adjudicated as adults need to be coordinated with diagnostic, assessment and therapeutic services.	Exhibit D, Program Description	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are no juvenile residents at the SFETC facility.
8	Recreational Services: Examples of activities include: Special events, sports events, physical fitness, holiday parties, theater group, movies, dances, community outings with permission from the judge, horticulture, art therapy, sewing group, library, music, and other special interest groups.	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball, exercise bikes, volleyball, therapeutic activities/games (art, music), movies, Valentine's Day Dance, Black History Dance, competency bingo and jeopardy, spades, Old School Dance
9	Pre-Vocational, Vocational, and Work Programs: The provider will use pre-vocational, vocational, and work programs to support resident's interests and skills in becoming more independent when returned to the community.	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Programs: Library assistant, Canteen assistant, Linen Detail, Gym assistant.
III. ITP Program Services						
1	Competency Training Materials. Each mental health treatment facility shall develop and/or adopt competency training materials and tools to be utilized in competency training sessions. Materials should be varied and allow for diversity in cognitive abilities, language and cultural differences. (Review Program materials and schedules)	Attachment I, Section B 1.(a).(7).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation
2	Competency Training Methods. Each mental health treatment facility shall develop processes for providing competency training to include individual and group training sessions, as well as incorporating competency training into other treatment modalities as appropriate. (Review Program materials and schedules)	Attachment I, Section B 1.(a).(7).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation
3	Provide competency restoration services in accordance with professional practices and conditional release/discharge planning, when appropriate, for those individuals adjudicated ITP.	Attachment I, Section B 1.a.(7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation
4	Provide assessment of ITP residents' restorability of competence and provide timely reports to the court requesting the dismissal of charges for those residents whose competency is deemed non-restorable.	Attachment I, Section B 1.a.(10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation

5	Competency Restoration services are provided five days per week to ITP residents. <i>(Review Program schedules)</i>	Attachment I, Section, B.1.(a).(7).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation
IV. NGI Program Services						
1	Managing Your Risk (Risk Management/Relapse Prevention): Individuals who have been found NGI will learn and practice risk reduction skills through their participation in the Managing Your Risk Program (MYR). The program meets twice per week for three to four months and thereafter has at least monthly booster sessions.	Attachment I, Section, B.1.(a).(8); Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation
2	Illness Management and Recovery Program is provided to NGI residents and will cover the following topics: recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system. (Review Program Schedule)	Attachment I, Section, B.1.(a).(9); Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation
V. Food Services:						
1	The provider to assured all resident's dietary needs are met in accordance with standards set forth by the Joint Commission for Accreditation on Healthcare Organizations (JCAHO) and the American Dietetic Association. <i>(Review Menus and Dietician Agreement)</i>	Attachment I, Section, B.1.(a).(4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation 4 week menus reviewed
2	Three meals per day with therapeutic nutritional snacks are served to all residents. <i>(Review Menus)</i>	Attachment I, Section, B.1.(a).(4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation 4 week menus reviewed
3	All food drug interactions are reviewed and considered by the team prior to dispensing pharmacological agents. All food-drug interaction potentials are communicated to the dietary staff and Licensed Dietitian. <i>(Discuss with Dietician and determine process)</i>	Attachment I, Section, B.1.(a).(4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation I=Interview Resident dietary cards are located in each tray and there was a checklist located in the tray preparation area.
4	Menus are planned by a Licensed Dietitian to insure diets are nutritionally adequate. <i>(Review Dietician Agreement and Credentials)</i>	Attachment I, Section, B.1.(a).(4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation 2 Full-Time dieticians on staff
5	The menus are based on a four week cycle with planned substitutions and extensions for both therapeutic and modified diets. <i>(Review Menus)</i>	Attachment I, Section, B.1.(a).(4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation 4 week menus reviewed

6	Food Services Inspections: Daily informal and Weekly formal inspections of food services areas will be conducted by the food service supervisor. The clinical dietitian/dietitian technician 3 times a week will conduct an audit on patient trays for temperature compliance. The food service director will conduct monthly sanitation inspections using the sanitation checklist.	SFETC Policy EC 900-05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation I=Interview	One breakfast, lunch, and dinner meal is checked/inspected daily. There are weekly sanitation inspections. The last Dept. of Health inspection was conducted on 9/22/10 with no violations found.
VI. Canteen Services							
1	The canteen will be available for all residents to purchase snacks and other personal items, consistent with the individual's dietary requirements. (Review/Observe Canteen)	Attachment I, Section, B.1.(a) (4); Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	Two different canteens are provided: One is monetary based. The other is based upon a points system to encourage residents to follow their treatment program and for good behavior.
2	The canteen will be open daily during the hours when residents are encouraged to attend recreational therapeutic services. (Review/Observe Canteen)	Attachment I, Section, B.1.(a) (4); Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	Typically, either the monetary or the points based canteen is provided on a daily basis or several times per week.
VII. Pharmacy							
1	Pharmacy Services: The provider agrees to obtain and hold all licenses and permits necessary to its provision of on-site pharmacy services, including the ability to dispense medications as required in the RFP to persons served who are either on temporary leave from the facility or discharged into the community.	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	Pharmacy License (Institutional and Community) - Expires 2/28/11. Three (3) Pharmacy Techs - Licenses expire on 12/31/2012. Pharmacist License for Cecelia Triana expires on 9/30/2011. Controlled Substances License expires 2/28/2013.
2	The Medication Administration Records (MAR) shall be kept in the Nursing Station. Each resident at SFETC shall have a MAR that lists their name, medical record number, building number, drug allergies, date of admission, date of birth, weight, age, attending physician's name, and resident diagnosis. The MAR must be used during the medication administration process. An MAR will be created for every patient regardless if the resident is on medication.	Policy Number PHR-222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	10/21/10 - Frank observed medication administration process in women's residential wing.
3	Every order on the MAR shall be initiated by the nurse who checks it for accuracy.	Policy Number PHR-222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	10/21/10 - Frank observed medication administration process in women's residential wing.

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4	All controlled substances in the Pharmacy will be kept locked in drawers except the following: a. Items requiring refrigeration. b. Prescriptions that have been prepared and are waiting to be dispensed or delivered. c. Discontinued unit dose prescriptions waiting to be credited. d. Items for disposal, or e. Returns for the reverse distributor.	Policy Number PHR-220	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation I=Interview	Only the Pharmacist and the central control room have keys to the controlled substances. The Pharmacist disposes of all controlled substances.
5	A check using the Perpetual Inventory system will be performed by a pharmacist every working day in the morning as controlled medications are dispensed.	Policy Number PHR-220	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation I=Interview	Reviewed inventory logs
6	If a discrepancy is detected the Pharmacy Manager will be notified immediately. All discrepancies will be documented and rectified if possible on the debit/credit sheet of the item in question.	Policy Number PHR-220	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation I=Interview	Reviewed discrepancy logs. - Errors due to incorrect counts. Corrections verified and witnessed by two staff members.
7	Pharmacy will conduct a monthly inventory of all controlled substances.	Policy Number PHR-220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation I=Interview	Reviewed Sept. 2010 inventory logs
VIII. Grievances							
1	Management of Resident Grievances: The provider ensures residents and/or family, and/or significant other and/or advocate to have access to the grievance process. The individual rights and the grievance guidelines will also be posted in the residential areas. (Review resident grievances and facility procedure)	Chapter 916 F.S., Chapter 65E-20, JCAHO, Policy # RI 200-04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation I=Interviewed Dr. Valdez	Grievance process is contained in the resident orientation booklet and it is posted by the phones in the resident dormitories and throughout common areas. New residents are shown a Patient's Rights video that was developed by the Advocacy Center.
2	Each grievance received by unit staff should be accompanied by the Patient Complaint Resolution Form – Part I, wherein the staffs indicate the actions they took to resolve the grievance to the patient's satisfaction. The unit staffs have twenty-four hours to resolve the complaint to the patient's satisfaction. The unit manger will maintain a file of all the Patient Complaint Forms and keep a log listing the complaints received at the unit level. Complaints that are not resolved to the patient's satisfaction within twenty-four hours by the unit staffs will be turned over to the unit manager for resolution within twenty-four hours, or the next business day.	Grievances Policy Number RI 200-04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation I=Interviewed Dr. Valdez	Grievances are given to the unit staff by the residents. The unit staff has 24 hours to address a grievance. If they cannot resolve, it is forwarded to the unit manager for resolution within 24 hours. Unresolved grievances are then forwarded to the Patient Advocate to resolve within 72 hours. If it is still unresolved, then the Facility Manager has 4 days to resolve the grievance.

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3	When the unit manager cannot resolve a complaint to the patient's satisfaction within twenty-four hours, or next business day, he/she will inform the patient that the complaint will be turned over to the Patient Advocate. Upon receipt of a Patient Grievance Resolution Form the Patient Advocate will:	Grievances Policy Number RI 200-04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Reviewed Patient Grievance Resolution Forms from Dec. 2009 - Sept. 2010.</p> <p>If a resident is not satisfied with the resolution of their grievance by the facility, they are given the contact information for the Advocacy Center and the Abuse Registry.</p> <p>The most common types of grievances concern staff mistreatment, food services, and clinic visits.</p>
IX. Security Checks						
1	A Custody Officer, once per shift, will complete a physical check of the facility. All physical checks will be called in to Central Control by radio. The Central Control Officer will document and acknowledge the officer calling in, all of the building/security checks in the security chronological log, including the time of the check and the name of the officer conducting the checks.	Security Checks Policy# EC 200-24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D=Documentation</p> <p>I=Interviewed Dr. Valdez</p> <p>Reviewed Security logs in the central control room.</p>
X. Court Report Submissions						
1	Provide timely reports to the court following determination that a resident is competent to proceed or no longer meets criteria for involuntary commitment.	Attach I. B. 1.a (12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D=Documentation</p> <p>Resident File Reviews</p>

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XI. Miscellaneous

1	The provider will be responsible for the secure transportation of residents to outside medical appointments when these are required. Security personnel will accompany residents and remain with them continuously during their outside appointments, treatments, and hospitalizations. The provider transportation will be provided unless the resident's condition requires transportation by ambulance. In the case of ambulance transport, the provider security will accompany and continuously supervise the resident. (Review Transportation Logs)	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation	Reviewed documented secure transportation logs from Dec. 2009 - Oct. 6, 2010 for medical appointments and ER services.
2	Diversity and Access: Special provisions must be made to accommodate a culturally diverse population which includes making treatment available to residents whose primary language is other than English. (Review List of residents who have primary language other than English and review resident file or observe services being delivered.)	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation O=Observation	Spanish-speaking and Creole-speaking courses are available and ongoing.
3	HHS Settlement Agreement: At all Department and provider facilities, near the location where people enter or are admitted, the Department and providers shall post conspicuous notices that provide information about the availability of appropriate auxiliary aids and services at no-cost to deaf or hard-of-hearing customers/clients or companions and how to request them. These notices shall be written in simple language and presented in formats that accommodate low literacy levels.	CFOP 60-10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O=Observation	Availability of Auxiliary Aids posters are not posted in the Admissions Area for new residents. Auxiliary Aids documents were located in the initial assessment package for new residents. Posters near the entrance are located in the main hallway after a visitor would pass through the security desk and metal detector screening. Posters should be located in the lobby. ***CORRECTIVE ACTION REQUIRED***
4	Incidents were reported to the department as required by contract and CFOP 155-25. (Review provider incidents and compare to what was reported to the department)	Attachment I Section D.1. CFOP 155-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation	
5	CONFIDENTIAL The provider shall develop an Emergency Preparedness Plan that is approved by AHCA, the State Fire Marshal, and the local disaster management/emergency services agency. The approved plan shall be submitted to the contract manager for acceptance.	Attachment I Section B.1.a.(16)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D=Documentation	Emergency Plan (Policy ER 200-10), effective 4/8/2010, reviewed and approved by DCF on 4/13/2010.



**South Florida Evaluation and Treatment Center
Resident File Monitoring Tool
Contract # LH615
October 19-22, 2010**

Resident File Review Tool Performance Indicator		Authority	Total Rating			Percentage Met	Notes and Comments
II. Assessments - Initial and Annual (All Residents)							
1.	Was a Physical Examination conducted within 24 hours of admission?	CFOP 155-16	20	2	8	90.91%	Resident K.J. - Exam date missing from the assessment form. Resident A. T. - Admit date 8/24/10. Physical Exam conducted on 9/15/10.
1a.	Was a Physical Examination conducted annually after admission?	CFOP 155-16	6	0	24	100.00%	
2.	Was an initial Psychiatric Evaluation conducted within 60 hours? The admitting psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) will complete a psychiatric evaluation for a provisional diagnosis and development of an initial psychiatric/psychotherapeutic medication treatment plan.	CFOP 155-16	23	0	7	100.00%	
2a.	Was a Psychiatric Evaluation conducted annually after admission?	CFOP 155-16	6	0	24	100.00%	
3.	Was an initial Nursing Assessment conducted within 24 hours of admission? The assessment shall include: a physical, psychiatric, psychosocial and developmental assessment.	CFOP 155-16	23	0	7	100.00%	
3a.	Was the Nursing Assessment conducted annually after admission?	CFOP 155-16	6	0	24	100.00%	
4.	Was an initial Psychological Assessment conducted within 30 calendar days of admission? This shall include behavioral screening and testing if indicated.	CFOP 155-16	22	0	8	100.00%	
4a.	Was the Psychological Assessment conducted annually after admission?	CFOP 155-16	5	1	24		Resident J.M. - An Annual Psychological Assessment was not on file. ***CORRECTIVE ACTION REQUIRED***
5	Was a Functional Assessment Rating Scale (FARS) completed within 14 days of admission to the facility?	CFOP 155-16	23	0	7	100.00%	
5a.	Was a Functional Assessment Rating Scale (FARS) completed with 14 days of each six month anniversary of admission?	CFOP 155-16	16	0	14	100.00%	

5b.	Was a Functional Assessment Rating Scale (FARS) completed within 14 days of the resident's actual discharge from the facility? If a resident is discharged unexpectedly and the discharge FARS has not been completed prior to departure, the FARS may be completed by the staff involved in the resident's treatment within five working days of the resident's discharge (in absence of the resident)	CFOP 155-16	9	1	20	90.00%	Resident V.G. - A discharge FARS was not on file.
6.	Was an initial Dental Assessment conducted within 10 days of admission?	CFOP 155-16	23	0	7	100.00%	
6a.	Was a Dental Assessment conducted every six months after admission?	CFOP 155-16	14	0	16	100.00%	
7.	Was a Vocational and Educational Preference Inventory completed within 30 days of admission?	CFOP 155-16	23	0	7	100.00%	
7a.	Was a Vocational and Educational Preference Inventory completed annually after admission?	CFOP 155-16	6	0	24	100.00%	
8.	Was a Comprehensive Psychosocial History completed within the first 30 days of admission?	CFOP 155-16	23	0	7	100.00%	
8a.	Was a Comprehensive Psychosocial History completed annually after admission?	CFOP 155-16	6	0	24	100.00%	
9.	a) Was a Nutritional Assessment conducted within 10 days of admission for those admitted prior to July 1, 2010? or b) Was a Nutritional Screening conducted within 24 hours of admission for those admitted on or after July 1, 2010?	CFOP 155-16	23	0	7	100.00%	
9a.	Was a Nutritional Screening conducted at least annually after admission?	CFOP 155-16	6	0	24	100.00%	
10.	Was a History of Trauma, Abuse and Neglect Screening conducted within 24 hours of admission?	CFOP 155-16	23	0	7	100.00%	
11.	Was a Specialized Rehabilitative Services Screening (e.g., Occupational Therapy, Physical Therapy, Speech and Hearing) within 24 hours of admission?	CFOP 155-16	20	0	10	100.00%	
12.	Was a Substance Abuse Screening completed within 30 days of admission?	CFOP 155-16	23	0	7	100.00%	
13.	Was a Personal Safety Plan completed within 30 days of admission?	CFOP 155-16	22	0	8	100.00%	
13a.	Was a Personal Safety Plan completed at least annually after admission?	CFOP 155-16	4	1	25		Resident M.D. - Annual Personal Safety Plan not on file. ***CORRECTIVE ACTION REQUIRED***
13b.	Was the Personal Safety Plan reviewed/updated within 72 hours of the resident's release from seclusion or restraint? Only applicable to residents who have a seclusion or restraint event	CFOP 155-16	2	0	28	100.00%	

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III. Incompetent to Proceed (ITP Residents)									
	Did a designated treatment facility staff assess the competency of individual committed to the Department as incompetent to proceed within 30 days of admission? The competency evaluation administration record shall be completed and the results of the evaluation and treatment recommendations shall be documented in the individual's clinical record	CFOP 155-19, Section 916, F.S.	20	1	9	95.24%	Resident J.H. - Competency Assessment Tool (CAT) completed after 30 days of admission.		
1.	Was the competence to proceed evaluated on a monthly basis?	CFOP 155-19, Section 916, F.S.	26	0	4	100.00%			
2.	Was a complete competency evaluation report submitted to the court at the time the individual regained competency or within 6 months of the individual's initial admission to a state mental health treatment facility, if the individual remains incompetent to proceed? Looking for documentation of that the report was submitted. Subsequent reports are due when the individual regains competency or, at a minimum, annually from the date of commitment for as long as the individual remains committed to the Department pursuant to Chapter 916 13, F.S.	CFOP 155-19, Section 916, F.S.	14	1	15	93.33%	Resident L.D. - 6 month competency evaluation report not on file.		
IV. Not Guilty By Reason of Insanity (NGI Residents)									
	Was a formal evaluation conducted within the first month of admission and at a minimum of every six (6) months thereafter for those who have been committed as not guilty by reason of insanity? Evaluations will include clinical condition, treatment attitudes and orientation, relevant behavior and skills, risk of harm to others, and risk of harm to self (including active self-harm and grave disability). Risk to others in particular will be assessed using the HCR-20, a risk assessment guide. This overall evaluation will be conducted to determine if they meet the criteria for continued involuntary commitment	Program Description, Section 1.3.3	3	0	27	100.00%			
1.									
2.	Provide risk assessment, treatment services and conditional release/discharge planning for those individuals adjudicated NGI.	Attachment I, Section B.1 a.(8)	3	0	27	100.00%			
V. Recovery Planning and Implementation (All Residents)									
V.									

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1.	Was a Stabilization Plan completed within 5 days of admission? This shall be developed by the resident and recovery team through a meeting. This plan is developed by the resident, the recovery team, and guardian/guardian advocate (if they have one). to address immediate personal, behavior, mental and physical health care needs, so as to assist the resident with stabilization and adjustment to the facility environment during the first 30 calendar days	CFOP 155-16	23	0	7	100.00%	
2.	Within 30 days of admission did the service team develop an individualized recovery plan? (Recovery Plan)	CFOP 155-16	23	0	7	100.00%	
3.	Did the service team develop and implement the plan with participation by the resident? Should have some type of documentation and/or signature showing that the resident participated (if resident refused to participate, that should be documented)	CFOP 155-16	23	0	7	100.00%	
4.	Did the plan include the individual's preferences for long range outcomes, personal goals along with strengths and challenges?	CFOP 155-16	21	0	9	100.00%	
5.	Was the Recovery Plan reviewed/updated every 30 calendar days during the time the resident is in the facility?	CFOP 155-16, Section 9.a.(1)	27	0	3	100.00%	
6.	Was the 30-day review documented in the comprehensive progress note or team meeting minute note? Prior to the monthly review, all progress notes and assessments will be reviewed to ensure identified needs are addressed in the plan. At the monthly review, a comprehensive progress note or team meeting note will be placed in the medical record to document the monthly review. At a minimum, documentation provides progress towards each goal and objective.	CFOP 155-16, Section 9.	30	0	0	100.00%	
7.	Did the record document that a copy of the plan was given to the individual and legal guardian or guardian advocate (as required by consent status) upon completion for review and approval?	CFOP 155-16	27	2	1	93.10%	Resident J.A. - No documentation that the plan was either given to or refused by the resident. Resident L.D. - No note or documentation on the plan that the Resident refuse to sign.
8.	Was the plan updated when the following conditions occurred: When changes occurred at the 30-day review, after a significant/critical event, after review by team to restrict or continue restriction of access to grounds (civil facilities only), when progress has been achieved (goal met requiring a new goal or objective, when lack of progress toward meeting an objective for two 30-day review periods have occurred	CFOP 155-16	16	0	14	100.00%	
Legal (All Residents)							

1.	Was a court order for commitment in the file?	Chapter 916, F.S.	30	0	0	100.00%	
2.	Was consent obtained from the resident or court appointed guardian to receive treatment with psychotherapeutic medication? In forensic treatment facilities, if a resident refuses to consent to treatment with psychotherapeutic medication that is deemed necessary by his/her recovery team for the appropriate care and safety of the resident or the safety of others, the administrator or designee will petition the court for an order authorizing the psychotherapeutic medication treatment for the resident. The court order will allow the treatment to continue for a period not to exceed ninety (90) days from the date of the entry of the order. Unless the court is notified in writing that the resident has provided consent in writing or has been discharged by the committing court, the administrator or designee will, prior to the expiration of the initial ninety (90) day order, petition the court for an order authorizing the continuation of psychotherapeutic medication treatment for another ninety (90) day period. This procedure shall be repeated until the resident provides consent or is discharged by the committing court.	CFOP 155-1	27	1	2	96.43%	Resident H.V. - Consent form was not signed by resident and no documentation as to why signature was not obtained.
VII.	Misc (All Residents)						
1.	Residents will receive seven hours of treatment each weekday and four hours of treatment on Saturday and Sunday.	Program Description, Section 1.6, Treatment Program	30	0	0	100.00%	
2.	All forms, notes, and documents are signed and dated.		29	1	0	96.67%	Resident S.B. - 8/3/10 Recovery Plan Meeting Monthly Team Note was not signed by the Recovery Plan Coordinator.
3.	All handwritten notes are clearly legible.		30	0	0	100.00%	

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**South Florida Evaluation and Treatment Center
Personnel File Monitoring Tool
Contract # LH615
October 19-22, 2010**

Personnel File Review Tool Performance Indicator		Authority	Total Rating			Percentage Met	Notes and Comments
I. General			Met	Not Met	N/A		
1	Staff Demographic Information		14	0	0	100.00%	
2	Position Title		14	0	0	100.00%	
3	Hire Date		14	0	0	100.00%	
4	Personnel file includes employee's employment application.	65D-30.004(4)(a) 2., F.A.C.	14	0	0	100.00%	
5	Personnel file includes employee's current job description with minimum qualifications for the position.	SFETC Policy HR 300-01	14	0	0	100.00%	
6	Personnel file includes employee's annual performance appraisal.	SFETC Policy HR 300-01	7	0	7	100.00%	
7	Personnel file includes a verified or certified copy of degrees, licenses, or certificates of the employee.	Attachment I. Section B.2.b.(1),(3)	13	0	1	100.00%	
8	Employees degrees, licenses, or certificates meet the minimum qualifications in the job description or contract.	Attachment I. Section B.2.b.(1),(3)	13	0	1	100.00%	
9	Personnel file includes evidence of a current driver's license (if the employee transports clients).	Attachment I. Section B.2.b.(1),(3)	7	0	7	100.00%	
10	Employee and employer have completed the I-9 form with supporting documents necessary.	8 CFR 274a.2(b)	13	1	0	92.86%	For employee J.B., the I-9 form was not signed by the employer.

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11	Each employee will receive a medical screening that will include, at a minimum, PPD and/or chest x-ray and serology. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo and pass an annual PPD and/or chest x-ray.	Attachment I. Section B.2.b.(5)	11	3	0		Employee T.W. is missing documentation of an annual PPD/Chest X-ray for 2009. Employee A.D. had a positive PPD, but no documentation of X-ray results. For employee G.M., the PPD assessment form is incomplete - the assessment questionnaire was not filled out. (Note: Employee A.C. is missing documentation of an annual PPD/Chest X-ray for 2007. The finding was not included in the "Not Met" score for this requirement because the medical screening would have occurred outside of the monitoring review period.)
12	Personnel file includes a signed document indicating that the employee has received new staff orientation and understands the personnel policies, the infectious disease risk of working in the agency, the provider's universal infection control procedures, standards of ethical conduct including sexual harassment, abuse reporting procedures, and policies regarding client rights and confidentiality.	SFETC Policy HR 200-01	14	0	0	100.00%	***CORRECTIVE ACTION REQUIRED***
II. Level 2 Background Screening							
1	The employee fingerprints have been checked for statewide criminal and juvenile records through the FDLE and the FBI.	Attachment I. Section B.2.b.(2)	14	0	0	100.00%	
2	The employer has received a response to the requested background checks within a reasonable time frame (90 days) or has communicated with the checking authority regarding the missing information.	Attachment I. Section B.2.b.(2)	13	1	0	92.86%	Employee T.G. does not have a Background Screening Clearance Letter in his file.
3	The employee has not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s.435.04, F.S.	Attachment I. Section B.2.b.(2)	14	0	0	100.00%	
4	Affidavit of Good Moral Character The employee has attested to meeting the requirements for qualifying for employment, and agreeing to informing employer immediately if convicted of disqualifying offenses.	Attachment I. Section B.2.b.(2)	14	0	0	100.00%	

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5	Employee has been rescreened at least once in the past five years using Level 2 standards.	Attachment I, Section B.2.b.(2)	1	0	13	100.00%	
III. Training & Other Requirements							
1	FDLE Certification (If applicable)	Attachment I, Section B.2.b.(1),(3)	1	0	13	100.00%	
2	CPR	SFETC Policy HR 200-03	14	0	0	100.00%	
3	The Mandt System: Annual training for all Direct Care Staff to maintain safety for patients, staff and visitors using the strategies for de-escalating, resolving, and preventing conflict, aggression, and violence and using the least restrictive method possible.	SFETC Policy PC 130-01	13	0	1	100.00%	
4	New Hire Orientation	SFETC Policy HR 200-01	14	0	0	100.00%	
5	Restraint and Seclusion Training, if applicable	SFETC Policy HR 200-03	14	0	0	100.00%	
6	If applicable, employee meets training requirements. (Insert more rows to enter multiple requirements).	Attachment I, Section B.2.b.(3)	10	0	4	100.00%	
7	If applicable, employee has been trained in DCF data security. If applicable, employee has been trained in confidentiality and security if provider is subject to HIPAA.	DCF CFOP 50-2	14	0	0	100.00%	
8	If employee has access to DCF information systems, has signed CF114, the data security agreement.	DCF CFOP 50-2	0	0	14	N/A	
9	Certain positions or work assignments require the maintenance of an active license, registration or certification. It is the provider's responsibility to ensure that such licenses (including driver's or chauffeur's licenses), registrations or certifications are maintained on a current basis by the personnel in these positions. As an example, security officers must be certified as state correctional officers.	Attachment I, Section B.2.b.(6)	9	0	5	100.00%	



March 21, 2008

Bob Quam
Facility Administrator
Treasure Coast Forensic Treatment
Center/Geo Care
96 SW Allapattah Road
Indiantown, FL 34956

Joint Commission ID #: 459224
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 3/21/2008

Dear Mr. Quam:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Behavioral Health Care

This accreditation cycle is effective beginning March 21, 2008. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit Quality Check® on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Linda S. Murphy-Knoll
Interim Executive Vice President
Division of Accreditation and Certification Operations

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State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

April 25, 2008

Dale Frick, Vice President
Project Development and Client Relations
G.O. Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Mr. Frick:

The report of the Department's March 18-20, 2008 Programmatic Contract Monitoring visit at the Treasure Coast Forensic Treatment Center is enclosed.

Our monitoring team found the Treasure Coast Forensic Treatment Center staff to be extremely cooperative and attentive, which greatly facilitated the monitoring process. The work that the Treasure Coast Forensic Treatment Center staff have put in was very evident throughout the entire monitoring visit.

Of the 38 areas reviewed, 30 fully met requirements, 1 exceeded requirements, 3 were unacceptable, and 4 were not applicable. Please provide a detailed Corrective Action Plan (CAP) by June 1, 2008 for those areas identified in the attached report. The CAP should detail the implementation of significant phased improvement in the identified areas within 30 days.

The Department would like to thank you and your staff at the Treasure Coast Forensic Treatment Center for all of your hard work. If you or your staff have any questions regarding the report or direction of the correction action plan, please do not hesitate to call me at (850) 921-0547.

Sincerely,

Brandi L. Babb
Privatized Facilities Contract Manager

cc: Kate Lyon
Sally Cunningham
Genna Marx
Bob Quam

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient
Families, and
Advance Personal and Family Recovery and Resiliency

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Treasure Coast Forensic Treatment Center

Programmatic Contract Monitoring

March 18-20, 2007

Contract #: LI704
07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2					

I. Personnel/Staffing

1. The Provider shall provide a management team which meets the following minimum qualifications:							
a) Hospital Administrator: Management or supervisory experience providing services to persons with psychiatric disabilities, including at least ten years in a management position comparable to an executive staff level role in a psychiatric center, research institute or developmental center. Appropriate professional degree or minimum educational level attained will be a master's degree in any mental health or administrative discipline. Florida license or certification is required where applicable. At least three of the ten years of management/supervisory experience must have been in a forensic setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel file.	
b) Assistant Hospital Administrator: Management or supervisory experience providing services to persons with	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed personnel file.	

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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring

March 18-20, 2007

Monitoring Team: Brandi Babb and Gary Thompson

Contract #: LI704
 07-08 Fiscal Year

Performance Indicator	Rating					Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

<p>psychiatric disabilities, including at least five years in a management position comparable to an executive staff level role in a psychiatric center, research institute or developmental center. Appropriate professional degree or minimum educational level attained will be a master's degree in any mental health or administrative discipline. Florida license or certification is required where applicable. At least two of the five years of management supervisory experience must have been in a forensic setting.</p>							
<p>c) Nursing Director: Licensed to practice as a Registered Nurse in the State of Florida, including at least two years of post-licensure clinical nursing experience working exclusively with individuals diagnosed with mental illness or multiple disabilities. In addition, the Director must have a master's degree in Nursing and two years of managerial experience or a Master's degree in a related health care or medical services, behavioral or</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D -- Reviewed personnel file.	

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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
 07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	
	Ratings Based Upon: I = Interview O = Observation D = Documentation					

Ratings Based Upon:
 I = Interview
 O = Observation
 D = Documentation

rehabilitative science field and three years managerial experience. The managerial work experience must come from performing those duties typically associated with an Assistant or Associate Director of Nursing, or Director of Nursing. This experience must have been gained exclusively in a mental health setting program, or a discrete psychiatric program that is part of a health care facility. Experience in a forensic setting is preferred.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Clinical Director: A valid Florida license to practice medicine or a limited permit and a license from another state or Canada, and certification by the American Board of Psychiatry and Neurology and seven years of professional experience in providing services to persons with psychiatric disabilities, two years of which must have been at the administrative clinical level - assistant director or its equivalent. Five of the seven years experience must have been	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel file. D - Reviewed Department approval letter.

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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
 07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	
						Ratings Based Upon: I = Interview O = Observation D = Documentation

in a forensic setting.						
e) Security Chief: A bachelor's degree, a minimum of ten years experience in a correctional or secure forensic mental health facility with at least five years of managerial level experience, and certification as a state correctional officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed personnel file. D - Reviewed Department approval letter.
f) Facility Manager: An engineering, construction or business-related bachelor's degree (masters preferred) and at least ten years of facilities management experience, five of which must be in an environment of comparable size and complexity to TC. Experience in a healthcare and/or institutional setting is desirable and experience in a secure forensic facility is preferred. Demonstrated skills in life-safety systems, computerized work order management and preventive maintenance systems are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Staffing plan does not require a Facility Manager to be on site. John Blair serves as the Facility Manager for several facilities. There is a Maintenance Supervisor on site for day to day operations. Contract will be amended to reflect correct staffing.

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Treasure Coast Forensic Treatment Center

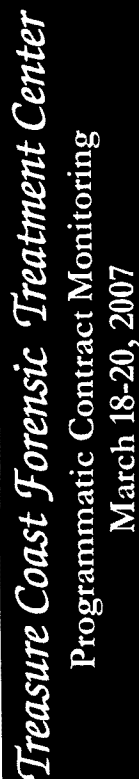
Programmatic Contract Monitoring

March 18-20, 2007

Contract #: LI704
07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	5		
2. The provider shall maintain staffing levels that, at a minimum, conform to those positions listed in the Staffing Plans attached as Exhibit B-1, B-2, and B-3. In the event a position listed on the Staffing Plans becomes vacant, the provider shall have 30 calendar days to fill the vacant position.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed monthly staff vacancy reports deductions.	
3. The provider shall comply with sections 394.4572(1) (a) and 397.451, F.S., with regard to screening and fingerprinting of mental health and substance abuse personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed 24 personnel records.	<ul style="list-style-type: none">2 of 24 records did not contain FBI clearance.
4. CONFIDENTIAL The provider must ensure screening of all mental health service personnel employed by the provider to the same extent as if such personnel were employees of the Department, to the end that the employees of the provider must meet the same	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed 24 personnel records. I – Interviewed HR manager.	<ul style="list-style-type: none">1 of 24 records did not contain documentation of pre-employment physical.1 of 24 records did not contain documentation of drug screening.2 of 24 did not contain



Contract #: LI704
07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

Performance Indicator	Rating					Notes and Comments
	Explain					
	Unacceptable	Conditionally Acceptable	Fully Met Requirement	Exceeded Requirement	Not Applicable	
	1	2	3	4	5	Ratings Based Upon: I = Interview O = Observation D = Documentation

standards set forth in Chapter 435, F.S., as may be amended from time to time. Prospective employees must also successfully pass a pre-employment medical examination prior to placement. The examination will include, at a minimum, PPD and/or chest x-ray and serology. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo and pass an annual PPD and/or chest x-ray.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed 24 personnel records.	<ul style="list-style-type: none"> documentation of MMR vaccine and or refusal. 8 of 24 did not contain documentation of annual PPD.
Certain positions or work assignments require the maintenance of an active license, registration or certification. It is the provider's responsibility to	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> 1 of 24 records did not contain a signed Affidavit of Good Moral Character. 3 of 24 records did not contain 	

5.

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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
 07-08 Fiscal Year

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ensure that such licenses (including driver's or chauffeur's licenses), registrations or certifications are maintained on a current basis by the personnel in these positions. As an example, security officers must be certified as state correctional officers.							a job description. • 3 of 24 records did not contain documentation of CPR training. • 4 of 24 records did not contain documentation of CPI training.
6. Average number of days to restore competency for adults in forensic commitment should be <125 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Reviewed monthly reports. D - Average is 108 days
7. The percentage of adults who are NGI who experience symptom relief and/or maintain level of symptoms should be ≥63%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This measure has changed. The contract will be amended to reflect new measure.
8. The number of adults in forensic commitment per Chapter 916, F.S. served should be ≥500 annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• 310 residents have been admitted to the facility. Admission is dependant upon Department assignment.

CONFIDENTIAL



Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

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 07-08 Fiscal Year

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9. Initial Assessments and Screenings: A Psychiatric, Medical, Nursing, History of abuse and neglect, and specialized rehabilitation services will occur within 24 hours of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D – Reviewed 10 resident records. • Most assessments were completed upon day of admission.
10. A Psychological, Social, Vocational, Educational, Substance Abuse screening, and Functional skills needs assessment will occur within 30 days of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed 5 resident records.
12. A Dental and Nutritional assessment will occur within 10 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• 6 of 10 records did not contain documentation of a dental assessment within 10 days of admission. • 9 of 10 records did not contain documentation of a nutritional assessment within 10 days of admission.
CONFIDENTIAL						Corrective Action Required to



Treasure Coast Forensic Treatment Center

Programmatic Contract Monitoring

March 18-20, 2007

Contract #: LI704
07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

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	Unacceptable	Conditionally Acceptable						
		1						2

13. The provider will be responsible for the secure transportation of TC residents to outside medical appointments when these are required. Security personnel will accompany residents and remain with them continuously during their outside appointments, treatments, and hospitalizations. The provider transportation will be provided unless the resident's condition requires transportation by ambulance. In the case of ambulance transport, the provider security will accompany and continuously supervise the resident.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed transport logs I – Security Personnel.	address lack of dental and nutritional assessments within 10 days of admission. • Transports are limited primarily to emergency room and medical appointments. Legal hearings are accomplished at the center.
14. The provider will provide 7 day/24 hour staffing coverage for the provision of medical care to the	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed staffing plan. D – Reviewed on-call schedule.	• Staffing plan does not allow for 24/7 coverage. However, someone is on call 24/7.

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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Monitoring Team: Brandi Babb and Gary Thompson

Contract #: LI704
 07-08 Fiscal Year

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	Explain		Rating			
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<p>residents. There will be one ARNP on site, 7 days a week, 24 hours a day to provide medical assessment and treatment under the supervision of an internal medicine physician. There will be a medical unit/infirmiry with 20 beds and a physician on-call 7 days a week, 24 hours a day to address the medical needs of the residents. The medical services staff will provide for all of the medical and dental assessment, reassessment, and ongoing physical health care needs of the TC residents.</p>								Contract will be amended to reflect correct staffing as well as references to the infirmary.
<p>15. Descriptions of the Clinical and Psychological Services that will be offered by the provider at TC are provided below. These services will include treatments targeted to the resident's commitment status (e.g., competency restoration services for</p>								

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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
 07-08 Fiscal Year

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	1	2					

individuals who are ITP) and services that will help to facilitate a successful transfer to a civil hospital or if the judge orders Conditional Release, discharge into the community.						
a) Competency Restoration: Competency restoration services will be provided daily to ITP residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D -- Reviewed schedules of treatment groups offered.
b) Managing Your Risk (Risk Management/Relapse Prevention): Individuals who have been found NGI will learn and practice risk reduction skills through their participation in the Managing Your Risk Program (MYR). The program meets twice per week for three to four months and thereafter has at least monthly booster sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D -- Reviewed schedules of treatment groups offered.
c) Anger Management and Anger Treatment: TC staff will lead structured, psycho-	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D -- Reviewed 10 records program schedules.

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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
07-08 Fiscal Year

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	1	2					3
						Ratings Based Upon: I = Interview O = Observation D = Documentation	

educational anger management groups for those individuals (primarily individuals found NGI) who need to learn anger control strategies.						
d) Illness Management and Recovery Program: Another evidenced-based practice that will be implemented by the provider at TC is an Illness Management and Recovery Program. The goals of the program are to improve knowledge about mental illness, reduce relapse and re-hospitalizations, cope more effectively and reduce distress from symptoms, and use medications more effectively (SAMHSA's National Mental Health Information Center). This Illness Management and Recovery Program will cover the following topics: recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not reviewed at this visit.

CONFIDENTIAL



Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
 07-08 Fiscal Year

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	1	2					

symptoms, and getting needs met in the mental health system.							
h) Educational Program: Educational services for juveniles who have been adjudicated as adults need to be coordinated with diagnostic, assessment and therapeutic services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
i) Recreational Services: Examples of activities include: Special events, sports events, physical fitness, holiday parties, theater group, movies, dances, community outings with permission from the judge, horticulture, art therapy, sewing group, library, music, and other special interest groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed lists of events/services offered.	<ul style="list-style-type: none"> Examples include: Basketball tournament, Mural painting, poetry contests, and holiday contests.
g) Pre-Vocational, Vocational, and Work Programs: The provider will use pre-vocational, vocational, and work programs to support resident's interests and skills in becoming more independent when returned to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed list of residents in Vocational Work Program. D – Reviewed Vocational Work Program Policy.	

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Treasure Coast Forensic Treatment Center

Programmatic Contract Monitoring

March 18-20, 2007

Monitoring Team: Brandi Babb and Gary Thompson

Contract #: LI704
07-08 Fiscal Year

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<p>Examples of activities include: Vocational and work exploration groups, job seeking skills groups, and supported work activities in recreation (for instance, music, arts, or sports), maintenance, library, canteen, computer room, and education (such as peer tutoring for literacy skills).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>h) Detailed Aftercare Planning Services: Planning for discharge and or conditional release begins at admission to the facility and will be in compliance with relevant Departmental procedures, accreditation standards, and applicable state laws regarding discharge planning and conditional release. The assigned Forensic Case Manager/ Specialist will be actively included in every step of the discharge planning and conditional release process. This process will be "person centered" and residents' needs and preferences will be considered to the maximum extent possible.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed 5 resident records.</p> <ul style="list-style-type: none"> 2 of 5 did not contain documentation that the Forensic Case Manager was actively involved in the planning process.

CONFIDENTIAL



Treasure Coast Forensic Treatment Center

Programmatic Contract Monitoring

March 18-20, 2007

Contract #: LI704
07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

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	1	2				
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<p>The provider will promote regular meetings with the Forensic Case Manager Specialist to facilitate visits with their clients while they are hospitalized, coordinate service planning throughout the resident's stay, and plan for conditional release. The Forensic Case Manager Specialist will receive timely notification of treatment team meetings and other relevant meetings. In addition, efforts will also be made to promote regular contact with the Forensic Case Managers Specialists by the resident and the service planning team through the use of teleconferences and videoconferencing when visits to the facility are not feasible.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> 0 of 2 plans were reviewed by the District Forensic Coordinator. 0 of 2 plans were reviewed by the community treatment provider.
<p>i) Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity: When the assessment suggests that an individual can be safely treated in the community, a proposed conditional release plan will be prepared using CFOP 155-18.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D -- Reviewed 2 NGI records and conditional release plans.</p>

CONFIDENTIAL



Contract #: LI704
07-08 Fiscal Year

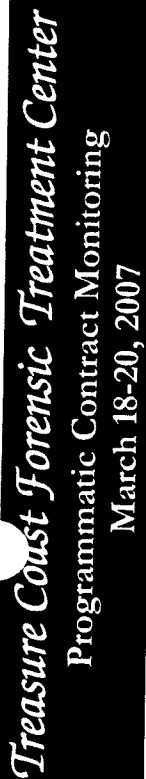
Monitoring Team: Brandi Babb and Gary Thompson

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<p>j) Treatment Program: Residents will receive seven hours of treatment each weekday and four hours of treatment on Saturday and Sunday.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed 10 resident records.</p> <p>D – Reviewed schedules of treatment groups offered.</p>	<ul style="list-style-type: none"> • 0 of 10 records contained documentation that showed 7 hours of treatment each weekday and four hours of treatment on Saturday and Sunday. <p>Corrective Action Required to address the lack of documentation regarding the number of treatment hours residents receive daily.</p>	<p>Corrective Action Required to address the lack of documentation regarding the number of treatment hours residents receive daily.</p>
<p>k) Substance Abuse Services: All residents are assessed on admission for the presence of substance abuse or dependence. In addition, every resident, within five days of admission, will be screened for the presence of substance use disorders using the MAST, the SMAST, or the SASSI, along with collateral information. If any degree of substance abuse or dependence is identified, then the resident is evaluated</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D – Reviewed 4 resident records.</p> <p>D – Reviewed Substance Abuse training materials.</p>	<ul style="list-style-type: none"> • 0 of 4 records contained a MAST or comprehensive assessment. <p>Corrective Action Required to address the lack of MAST and comprehensive assessments.</p>	<p>Corrective Action Required to address the lack of MAST and comprehensive assessments.</p>

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Contract #: LI704
07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

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<p>comprehensively by a masters-level Certified Addictions Professional (CAP). the treatment interventions will be recommended by the CAP. After the comprehensive assessment, a narrative summary will be done, integrating the substance abuse and mental health issues and making recommendations. Treatment for the substance abuse disorders will be provided by staff who either have training and or experience in treatment of substance use disorders with co-occurring mental health disorders, or are supervised by a masters-level CAP with experience in the assessment and treatment of this population.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
 07-08 Fiscal Year

Monitoring Team: Brandi Babb and Gary Thompson

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<p>nutritional snacks are served to all residents. All food drug interactions are reviewed and considered by the team prior to dispensing pharmacological agents. All food-drug interaction potentials are communicated to the dietary staff and Licensed Dietitian. In addition to food-drug interactions, the dietitian may, in the course of assessing the resident, discover evidence of nutritionally related side effects of medication ordered. Any recommendations to reduce or ameliorate these effects will be documented in the assessment. Menus are planned by a Licensed Dietitian to insure diets are nutritionally adequate. The menus are based on a four week cycle with planned substitutions and extensions for both therapeutic and modified diets.</p>							<p>the facility is actively recruiting to fill this need. The initial nutritional assessments are being completed by the Director/Asst. Director of Nursing. Dietary assistance is also being provided by the Dietitian at SFSH.</p> <ul style="list-style-type: none"> Communication between the Treatment Teams, Pharmacy and Food Service was in evidence. However the Food Service Director should receive copies of the Treatment Team minutes on a regular basis.
<p>m) Canteen Services: The canteen will be available for all residents to purchase snacks and other personal items, consistent with the individual's dietary requirements. This</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed canteen order process.	<p>The contract will be amended to reflect correct canteen services. The physical plant does not allow for canteen as specified here.</p>

CONFIDENTIAL



Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
 07-08 Fiscal Year

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	1	2					

will provide the resident the opportunity to develop and utilize their empowerment skills in a safe environment. The canteen will naturally provide opportunities for vocational assessment and education, as well as socialization among those residents who seek to gain from this experience. The canteen will be open daily during the hours when residents are encouraged to attend recreational therapeutic services.							
n) Resident Bank Accounts: It is the responsibility of the provider to establish bank accounts for all residents in accordance with Florida Statute, 402.17 and the Department of Children and Families policy "Client Trust Funds Volume 7, Chapter 3".	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed resident bank accounts and statements.	a.
o) Aggression Control: All patients admitted to the South Florida Evaluation and Treatment Center (TC) will be provided with an initial evaluation of aggressive potential that	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed 4 resident records.	

CONFIDENTIAL



Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
(07-08 Fiscal Year)

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includes the person's verbal and observed behaviors as well as any historical data through knowledge of charges and arrest record as well as through collaborative information obtained from family, the court, jail staff etc. when possible. For those residents who clearly present dangerous behaviors which put themselves or others at risk, precautions will be taken to protect the residents and staff who might be exposed to such risks. Upon identification of risk, all treatment members will be notified of the identified risk and through the treatment planning session a decision will be made as to the resident's placement within the facility, should there be a need to move him/her. Like residents on suicide observation, these residents will be placed on a precautionary status indicative of their potential aggression toward others.						
p) Restraint & Seclusion: It is the goal of the provider to create an environment which minimizes the need	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed 5 resident records. 1 of 5 records had no documentation that showed: • What behaviors situation

CONFIDENTIAL



Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

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 07-08 Fiscal Year

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	1	2							
	3	4							

<p>for seclusion and or restraint, to prevent emergency situations that could lead to seclusion and or restraint; and when used, to facilitate the discontinuation of these special procedure without endangering others or compromising the therapeutic milieu. Seclusion and Restraint usage is governed by the hospital policies and procedures; the Department of Children and Families Restraint and Seclusion operating procedure and the guidelines from The Joint Commission of Accreditation, Provision of Care, Treatment and Service (JCAHO 2005).</p>								<p>upset the resident.</p> <ul style="list-style-type: none"> • It was not used as punishment. • Less restrictive strategies were used first. • It was ordered by a physician. • Resident condition was checked every 15 minutes.
								<ul style="list-style-type: none"> • 2 of 5 records had no documentation that: • The room was checked for safety prior to placement of the resident. • Toileting opportunities were given • Meals were offered at regular times. • The resident's physical condition was checked

CONFIDENTIAL



Contract #: LI704
07-08 Fiscal Year

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									upon release.
									<ul style="list-style-type: none"> 0 of 5 records had no documentation that: <ul style="list-style-type: none"> The resident's physical condition was checked upon release. Physical proximity of staff.
q) Daily Living: It is the responsibility of the provider to assure all residents' daily living needs are met and to promote the resident's independence through appropriate training for living skills. Residents who do not demonstrate independence with daily living will be offered a skills training to further assist toward resident independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed 10 resident records.	
r) Management of Resident Grievances:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Reviewed resident grievance documentation.	Response time average is 3 days.

CONFIDENTIAL

CONFIDENTIAL



Treasure Coast Forensic Treatment Center Programmatic Contract Monitoring March 18-20, 2007

Contract #: LI704
07-08 Fiscal Year

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Performance Indicator	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
	Explain		Fully Met Requirement	Exceeded Requirement	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2					

The provider ensures residents and/or family, and or significant other and or advocate to have access to the grievance process that complies with the Florida Statutes Chapter 916, Chapter 65F-20 Forensic Client Services Act Regulation, and the Joint Commission for Accreditation of Hospitals (JCAHO).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s) Access to Grounds: Built into the program schedule are various organized recreational activities as well as designated times to be outdoors, weather permitting, for fresh air breaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Reviewed daily schedule of residents.	
t) Diversity and Access: Special provisions must be made to accommodate a culturally diverse population which includes making treatment available to residents whose primary language is other than English.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I – Assistant Hospital Administrator, Enza Abbate.	<ul style="list-style-type: none"> Residents who cannot speak or understand English are put into the multicultural unit of the facility. All staff and groups work to make treatment available to all residents.

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**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George H. Sheldon
Secretary

May 26, 2009

Dale Frick, Vice President
Project Development and Client Relations
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Mr. Frick:

The report of the Department's March 23-25, 2009 Programmatic Contract Monitoring visit at the Treasure Coast Forensic Treatment Center is enclosed.

Our monitoring team found the Treasure Coast Forensic Treatment Center staff to be extremely cooperative and attentive, which greatly facilitated the monitoring process. The work that the Treasure Coast Forensic Treatment Center staff have put in was very evident throughout the entire monitoring visit.

Of the areas reviewed, two corrective actions are noted related to the physical plant, one corrective action related to disaster planning, two recommendations were noted related to food services and one recommendation regarding the condition of the resident files was noted. Please provide a detailed Corrective Action Plan (CAP) by June 30, 2008 for those areas identified in the attached report. The CAP should detail the implementation of significant phased improvement in the identified areas within 30 days.

The Department would like to thank you and your staff at the Treasure Coast Forensic Treatment Center for all of your hard work. If you or your staff should have any questions regarding the report or direction of the correction action plan, please do not hesitate to call me at (850) 921-0547.

Sincerely,

A handwritten signature in black ink that reads 'Dineen Cicco'. The signature is written in a cursive, flowing style.

Dineen Cicco, MSW
Privatized Facilities Contract Manager

cc: Kate Lyon, DCF Director Mental Health Program Office
Sally Cunningham, DCF Chief Mental Health Facilities Program
Joy Neves, DCF Chief of Substance Abuse & Mental Health Contracts
Genna Marx, GEO Director of Contract Compliance
Bob Quam, TCFTC Facility Administrator

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

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Treasure Coast For Treatment Center
Programmatic Contract Monitoring Summary
Contract # LI704
March 23-25, 2009

Monitoring Team Members: Joy Neves, Dineen Cicco Casey Jones & Gary Thompson

Monitoring Summary Tool Performance Indicator	Authority	Rating			Ratings Based Upon: I = Interview O = Observation D = Documentation T = Tool Used	Comments & Corrective Action
		Strength	Opportunity for Improvement	NA		
1 The Provider shall provide and maintain a management team comprised of a Hospital Administrator, Assistant Hospital Administrator, Nursing Director, Clinical Director, Security Chief, and Facility Manager which meets the minimum qualifications as stated in the contract	Attachment I Section B.1 a (1)	X			T = Personnel D = Personnel Files, Staffing Roster, Table of Organization	
2 The provider shall maintain staffing levels that, at a minimum, conform to those positions listed in the Staffing Plans attached as Exhibit B-1, B-2, and B-3. In the event a position listed on the Staffing Plans becomes vacant, the provider shall have 30 calendar days to fill the vacant position	Attachment I Section B.2 a (2)	X			T = General Program & Services D = Staffing Roster	
3 All staff must possess adequate education and training to perform the duties for which they are assigned and meet all applicable licensing or certification requirements for their respective disciplines.	Attachment I, Section B.2 b (3) and Section B.4 b (6)	X			T = Personnel D = Personnel Files	
4 All employees have met background screening and medical screening requirements	Attachment I, Section B.2 b (2) & (5)	X			T = Personnel D = Personnel Files	
5 Certain positions or work assignments require the maintenance of an active license, registration or certification. It is the provider's responsibility to ensure that such licenses (including driver's or chauffeur's licenses), registrations or certifications are maintained on a current basis by the personnel in these positions. As an example, security officers must be certified as state correctional officers.	Attachment I, Section B.2 b (6)	X			T = Personnel D = Personnel Files	
6 Provide integrated treatment and security to ensure the safety of residents, staff, and the public	Attachment I Section B.1 a (2)	X			T = General Program & Services	
7 Operate, manage, and maintain a secure forensic psychiatric treatment facility that supports the integration of security and treatment	Attachment I Section B.1 a (3)	X			T = General Program & Services	

Monitoring Summary Tool Performance Indicator	Authority	Rating			Ratings Based Upon: I = Interview O = Observation D = Documentation T = Tool Used	Comments & Corrective Action
		Strength	Opportunity for Improvement	NA		
8 Provide a comprehensive active treatment program and all services necessary to support the 24 hours a day, seven days a week residential care of persons living in a secure facility	Attachment I Section B 1.a (4)		X		T = General Program & Services	Recommendations: (1) Food temperatures be monitored at unit delivery and (2) That a more comprehensive food service satisfaction survey be completed twice per year.
9 Comply with JCAHO accreditation and Chapter 395 licensure standards throughout the length of the contract, except those standards related to building design and physical plant structure.	Attachment I Section B 1.a (5)	X			D = JCAHO accreditation report	
10 Operate a secure forensic treatment facility that provides treatment based on the principle of recovery and focuses on issues arising from the legal status of individual residents	Attachment I Section B 1.a (6)				T = General Program & Services T = Resident Files	Recommendation: In a review of resident files, it was hard to determine if progress was made on goals and objectives. Files were missing documents that had been "thinned" to another file. Provider had a 'thinning' schedule, but it was not always followed accurately, thus making it difficult to review file for certain items. If thinning is to be done, it should be done as stated on "thinning" guide.
11 Provide competency restoration services in accordance with professional practices and conditional release/discharge planning, when appropriate, for those individuals adjudicated ITP	Attachment I Section B 1.a (7)	X			T = General Program & Services T = Resident Files	
12 Provide risk assessment, treatment services and conditional release/discharge planning for those individuals adjudicated NGI	Attachment I Section B 1.a (8)	X			T = Resident Files	
13 Provide individualized treatment as documented in treatment plans that are prepared with full participation of the resident and, to the fullest extent possible, the community forensic case manager/forensic specialist	Attachment I Section B 1.a (9)	X			T = Resident Files	
14 Provide assessment of ITP residents' restorability of competence and provide timely reports to the court requesting the dismissal of charges for those residents whose competency is deemed non-restorable.	Attachment I Section B 1.a (10)	X			T = Resident Files & ITP Tool	
15 Provide integrated mental health and substance abuse treatment using a best practice model, e.g. the Minkoff model	Attachment I Section B 1.a (11)	X			T = General Program & Services T = Resident Files	
16 Provide timely reports to the court following determination that a resident is competent to proceed or no longer meets criteria for involuntary commitment	Attachment I Section B 1.a (12)	X			T = Resident Files & ITP Tool	
17 The department was notified of all incident reports as required by CFOP 155-25	Attachment I Section D 1	X			D = Incident Report Log, Monthly Reports, DCF Data System	

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Monitoring Summary Tool Performance Indicator	Authority	Rating			Ratings Based Upon: I = Interview O = Observation D = Documentation T = Tool Used	Comments & Corrective Action
		Strength	Opportunity for Improvement	NA		
18 Resident Bank Accounts are maintained in accordance with department operating procedures.	Attachment I Section B 6.a (2)	X			T = Resident Files	
19 Provider shall meet or exceed all Performance Measures stated in the contract	Attachment I Section B 5.a	X			D = Monthly Reports and DCF Data System	
20 Establish and maintain good working relationships with all relevant mental health, health, social service, and criminal justice agencies, and with the community	Attachment I Section B 1.a (13)	X			D = Agency Agreements I = Key provider staff	
21 The provider shall maintain the facility, including all preventive, predictive and repair maintenance and major repairs	Attachment I Section B 1.a (14)		X		T = Facility Tool	Corrective Action: There was a lack of a housekeeping monitoring plan available. The facility does not maintain checklists or logs to document day to day tasks to be completed. During the visit no one was available to demonstrate the computerized maintained management system (MP2).
22 The provider shall develop an Emergency Preparedness Plan that is approved by AHCA, the State Fire Marshal, and the local disaster management/emergency services agency. The approved plan shall be submitted to the contract manager for acceptance	Attachment I Section B 1.a (16)		X		D = Emergency Plan and approvals	Corrective Action: Vehicle preventive maintenance, tracked by handwritten logs, does not appear current. Corrective Action: The provider maintains a plan, but the County is reported to be hesitant in endorsing the plan. TCFTC should continue to seek the County's acknowledgement of the plan to ensure there are no conflicts with the Martin County Disaster Management Office. TCFTC may want to consider including reciprocal support agreements with NFETC and FSH as part of its disaster plan.
23 Policies and Procedures. The provider shall develop and implement policies, operating procedures and clinical protocols consistent with best practices for forensic mental health treatment in a secure setting and in compliance with licensing and accreditation organizations, state and federal laws, codes, rules, regulations and standards, and the Department's operating procedures	Attachment I Section B 1.a (17)	X			D = Policy and Procedures	
24 The provider shall cooperate with all Department quality assurance activities and processes, in addition to maintaining its own quality assurance functions relating to the management of the facility in compliance with JCAHO standards. The provider shall permit the Department access to the facility staff, residents, and records at all times. The provider agrees to cooperate fully with the Department in the conduct of performance audits and financial audits.	Attachment I Section B 1.a (18)	X			I = DCF Clinical Team	

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*Treasure Coast Forensic Treatment Center
Resident File Monitoring Tool
Contract # LI704
March 23-25, 2009*

Monitoring Team Members: Joy Neves & Dineen Cicco

	Resident File Review Tool Performance Indicator	Authority	Rating		Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
			Yes	No		

I. General						
1	Resident Name		X		D = Review of Resident Files	
2	Date of Admission		X		D = Review of Resident Files	
3	Civil or Forensic		X		D = Review of Resident Files	
4	Court Order		X		D = Review of Resident Files	
5	Type of Admission (NGI or ITP)		X		D = Review of Resident Files	
6	Consent Form		X		D = Review of Resident Files	

II Initial Assessments						
1	Physical Examination (within 24 hours) The medical practitioner will document a medical care plan for each acute or chronic medical illness identified	CFOP 155-16	X		D = Review of Resident Files	
2	Psychiatric Evaluation (within 60 hours) The admitting psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) will complete a psychiatric evaluation for a provisional diagnosis and development of an initial psychiatric/psychotherapeutic medication treatment plan.	CFOP 155-16	X		D = Review of Resident Files	
3	Nursing Assessment (within 24 hours): The assessment shall include: a physical, psychiatric, psychosocial and developmental assessment	CFOP 155-16	X		D = Review of Resident Files	
4	Psychological Assessment (within 30 days) shall include behavioral screening and testing if indicated.	CFOP 155-16		X	D = Review of Resident Files	One out of 12 files did not have the assessment completed within 30 days.
5	Initial Functional Assessment Rating Scale (FARS) completed within 14 days of admission to the facility.	CFOP 155-16				Seven out of 12 files did not contain the a copy of the Initial FARS. Documents had been 'thinned' or purged into another file. Since these residents have been housed a TCFTC for sometime, decision was made to not pull additional file to review initial, but files were reviewed for FARS completion at six month intervals.

Resident File Review Tool Performance Indicator		Rating		Ratings Based Upon:		Notes and Comments
Yes	No	I = Interview O = Observation D = Documentation	NA			
6	Dental Assessment shall be conducted within 10 days of admission.	CFOP 155-16			NA	One out of 12 files did not have the assessment completed within 10 days.
7	Vocational and Educational Preference Inventory completed (within 30 days).	CFOP 155-16		X		Not maintained in resident file, but maintained in separate book with program staff. Upon intake screenings resident is asked if they are interested in these activities. If resident is interested referral is made to program people.
8	Comprehensive Social History shall be completed within the first 30 days of admission	CFOP 155-16			X	D = Review of Resident Files
9	Nutritional screening within 24 hours of admission (if screening indicates further assessment completed within first 30 days after admission)	CFOP 155-16	X			D = Review of Resident Files
10	History of trauma, abuse and neglect screening within 24 hours of admission	CFOP 155-16		X		D = Review of Resident Files
11	Specialized rehabilitative services (e.g., OT, PT, speech and hearing) within 24 hours of admission.	CFOP 155-16	X			D = Review of Resident Files
12	Substance abuse screening will be completed within 30 days of admission.	CFOP 155-16	X			D = Review of Resident Files
13	Personal Safety Plan shall be completed within 30 days of admission.	CFOP 155-16	X			D = Review of Resident Files
III. Annual Assessment & Screening Process - For persons residing in facility greater than 1 year. Score the most recent required assessment according to the Admission Date. Annuals should not be completed greater than 30 days prior to Annual Recovery Plan Meeting						
1	Physical Examination	CFOP 155-16				Six out of twelve files reviewed had not resided in the facility for more than one year, so they did not qualify for this question. One out of the six that meet the criteria did not have an examination documented in the file.
2	Psychiatric Evaluation	CFOP 155-16		X		D = Resident File
3	Nursing Assessment	CFOP 155-16		X		D = Resident File
4	Psychological Assessment	CFOP 155-16		X		D = Resident File
			X			Six out of twelve files reviewed had not resided in the facility for more than one year, so they did not qualify for this question. Two out of the six that meet the criteria did not have an evaluation documented in the file.

	Resident File Review Tool Performance Indicator	Authority	Rating		Ratings Based Upon:	Notes and Comments
			Yes	No		
5	Functional Assessment Rating Scale (FARS) completed every six months within 14 days before or after anniversary date	CFOP 155-16	X		I = Interview O = Observation D = Documentation	Five out of twelve files reviewed had not resided in the facility for more than six months, so they did not qualify for this question. Those files that qualified contained the information.
6	Dental Assessment shall be conducted every six months.	CFOP 155-16		X	D = Resident File	Five out of twelve files reviewed had not resided in the facility for more than six months, so they did not qualify for this question. Five out of six files that qualified did not contain documentation of the assessment.
7	Vocational and Educational Preference Inventory	CFOP 155-16			D = Resident File	Six out of twelve files reviewed had not resided in the facility for more than one year, so they did not qualify for this question. Documentation of this inventory is not maintained in resident file, but maintained in separate book with program staff. Upon intake screenings resident is asked if they are interested in these activities. If resident is interested referral is made to program people.
8	Updated Comprehensive Social History	CFOP 155-16	X		D = Resident File	Five out of twelve files reviewed had not resided in the facility for more than one year, so they did not qualify for this question. Those files that qualified contained the information.
9	Nutritional Screening	CFOP 155-16	X		D = Resident File	Five out of twelve files reviewed had not resided in the facility for more than one year, so they did not qualify for this question. Those files that qualified contained the information.
10	Personal Safety Plan, annually and within 72 hours of restraint or seclusion	CFOP 155-16	X		D = Resident File	
IV. Incompetent to Proceed Residents (If review is not completed with the clinical review team, supplemental ITP tool shall be used in addition)						
1	Designated treatment facility staff shall assess the competency of each individual committed to the Department as incompetent to proceed within 30 days of admission. The competency evaluation administration record shall be completed and the results of the evaluation and treatment recommendations shall be documented in the individual's clinical record.	CFOP 155-19, Section 916 F S				Five out of twelve files reviewed were NGI and did not qualify for this question. One out of five of those files that qualified did not have the documentation in the file to show that it was completed within 30 days of admission.
2	Competence to proceed shall be evaluated at regular intervals. Monthly basis for forensic facilities and for civil facilities only when individuals are admitted directly to a civil facility from a county jail. Incompetent to proceed individuals transferred to a civil step-down facility shall be evaluated every six months until the individual regains competency or for as long as the individual remains committed to the Department pursuant to Chapter 916.13, Florida Statutes. The competency evaluation administration record shall be completed following each evaluation and the results of the evaluation and treatment recommendations shall be documented in the individual's clinical record.	CFOP 155-19, Section 916 F S		X	D = Resident File	Five out of twelve files reviewed were NGI and did not qualify for this question. One out of five of those files that qualified did not have the documentation in the file to show that competency was evaluated on a monthly basis.
				X	D = Resident File	

Resident File Review Tool Performance Indicator		Authority	Rating		Ratings Based Upon:		Notes and Comments
			Yes	No	NA	I = Interview O = Observation D = Documentation	
3	A complete competency evaluation report shall be submitted to the court at the time the individual regains competency or within 6 months of the individual's initial admission to a state mental health treatment facility, if the individual remains incompetent to proceed. Subsequent reports are due when the individual regains competency or, at a minimum, annually from the date of commitment for as long as the individual remains committed to the Department pursuant to Chapter 916.13, F.S.	CFOP 155-19, Section 916, F.S.					Five out of twelve files reviewed had not resided in the facility for more than one year, so they did not qualify for this question. Those files that qualified contained the information.
4	Final Functional Assessment Rating Scale (FARS) completed within 14 days of the resident's actual discharge from the facility. If a resident is discharged unexpectedly and the discharge FARS has not been completed prior to departure, the FARS may be completed by the staff involved in the resident's treatment within 5 working days of the resident's discharge.	CFOP 155-16	X			D= Resident File	None of the resident files reviewed met the criteria to be reviewed for this question.
V. RECOVERY PLANNING AND IMPLEMENTATION							
1	An intake assessment was done and a list of treatment issues was started upon admission and maintained/updated throughout length of stay. Stabilization Plan completed within 5 days of admission. This shall be developed by the resident and recovery team through a meeting.	CFOP 155-16					One out of twelve intakes reviewed was missing pages including the signature page.
2	Within 30 days of admission the service team developed an individualized plan utilizing comprehensive assessments of the person's needs. (Recovery Plan)			X		D= Resident File	
3	The service team developed and implemented the plan with participation by the individual, and if appropriate or desired by the individual family and natural support system.	CFOP 155-16		X		D= Resident File	One out of twelve recovery plans reviewed was not done within 30 days of admission.
4	The plan includes the individual's preferences for long range outcomes, personal goals along with strengths and challenges.	CFOP 155-16	X			D= Resident File	
5	Progress towards achieving goals and objectives will be documented at every scheduled review or sooner, if needed. Service providers shall discuss progress toward established goals and objectives with each resident at least monthly for the treatment or service they are providing. This will be documented prior to each monthly review of the recovery plan. The documentation should include the resident's perspective regarding their services, progress and future desires, if any.	CFOP 155-16	X				One out of twelve files reviewed did not contain documentation showing progress on a regular basis.
6	The 30-day review is documented in the comprehensive progress note or team meeting minute note. At a minimum, documentation provides progress towards each goal and objective.	CFOP 155-16		X		D= Resident File	One out of twelve files reviewed did not contain documentation for one month.
7	The record documents a copy of the plan was given to the individual and legal guardian or guardian advocate (as required by consent status) upon completion for review and approval.	CFOP 155-16		X		D= Resident File	For those that were completed the record shows that the individual or guardian was provided a copy.
8	The plan is written in specific, measurable, descriptive, behavioral terminology easily understood by the resident and team members.	CFOP 155-16	X			D= Resident File	

	Resident File Review Tool Performance Indicator	Authority	Rating		Ratings Based Upon:	Notes and Comments
			Yes	No		
9	Was the plan updated when the following conditions occurred: When changes occurred at the 30-day review; after a significant/critical event; after review by team to restrict or continue restriction of access to grounds (civil facilities only); when progress has been achieved (goal met requiring a new goal or objective; when lack of progress toward meeting an objective for tow 30-day review periods have occurred	CFOP 155-16			NA	Unable to determine if progress was made on goals.
VI. Restraint & Seclusion						
1	The provider complied with all requirements for the use of restraint & seclusion. This is determined through the completion of the Restraint and Seclusion Supplemental Tool	CFOP 155-20; CFOP 155-21			X	This area is being reviewed by the clinical team and not part of the program review.
VII. Misc						
1	Residents will receive seven hours of treatment each weekday and four hours of treatment on Saturday and Sunday.		X			D= Resident File Program Schedules
2	Clothing: Indigent persons will be provided with a suitable wardrobe of at least five sets of individualized personal clothing for daily attire.		X			O= observation of residents D= Resident Files O= Residents appearance
3	Hygiene: All supplies and services appropriate to the practice of good hygiene for person served will be provided.		X			Five resident bank accounts were reviewed.
4	Resident Bank Accounts: It is the responsibility of the provider to establish and maintain bank accounts for all residents.	Section 402.17 F.S. 7 APM 3. Client Trust Funds	X			D= account logs
5	Daily Living: It is the responsibility of the provider to assure all residents' daily living needs are met and to promote the resident's independence through appropriate training for living skills. Residents who do not demonstrate independence with daily living will be offered a skills training to further assist toward resident independence.		X			D= Resident Files I = Program Staff

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Treasure Coast Forensic Treatment Center
General Program & Services Monitoring Tool
Contract # LI704
March 23-25, 2009

Monitoring Team Members: Joy Neves, Dineen Cicco Casey Jones & Gary Thompson

General Program & Services Tool Performance Indicator	Authority	Rating		Ratings Based Upon:		Notes and Comments
		Yes	No	NA	I = Interview O = Observation D = Documentation	
I. Performance Measures						
1 Average number of days to restore competency for adults in forensic commitment should be < 125 days.	Attachment I, Section, B.5.(a)	X			D = Dashboard	
2 The percentage of adults who are NGI who experience symptom relief and/or maintain level of symptoms should be >63%	Attachment I, Section, B.5.(a)	X			D = Dashboard	
3 The number of adults in forensic commitment per Chapter 916, F.S. served should be >437 annually.	I, Section, B.5.(a)	X			D = Dashboard	
II. ITP Program Services						
1 Competency Training Materials. Each mental health treatment facility shall develop and/or adopt competency training materials and tools to be utilized in competency training sessions. Materials should be varied and allow for diversity in cognitive abilities, language and cultural differences. (Review Program materials and schedules)	Attachment I, Section, B.1.(a).(7).	X			I = GEO Staff	
2 Competency Training Methods. Each mental health treatment facility shall develop processes for providing competency training to include individual and group training sessions, as well as incorporating competency training into other treatment modalities as appropriate. (Review Program materials and schedules)	Attachment I, Section, B.1.(a).(7).	X			I = GEO Staff	
3 Competency Restoration services are provided five days per week to ITP residents. (Review Program materials and schedules)	Attachment I, Section, B.1.(a).(7).	X			I = GEO Staff	

	General Program & Services Tool Performance Indicator	Authority	Rating		Ratings Based Upon:		Notes and Comments
			Yes	No	I = Interview O = Observation D = Documentation		
III. NCI Program Services							
1	Managing Your Risk (Risk Management/Relapse Prevention): Individuals who have been found NCI will learn and practice risk reduction skills through their participation in the Managing Your Risk Program (MYR). The program meets twice per week for three to four months and thereafter has at least monthly booster sessions.	Attachment I, Section, B.1 (a) (8); Exhibit D, Program Description	X		I = GEO Staff		
2	Illness Management and Recovery Program is provided to NCI residents and will cover the following topics: recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system (Review Program Schedule)	Attachment I, Section, B.1 (a) (9); Exhibit D, Program Description	X		I = GEO Staff		
IV. General Programs							
1	Pharmacy Services: The provider agrees to obtain and hold all licenses and permits necessary to its provision of on-site pharmacy services, including the ability to dispense medications as required in the RFP to persons served who are either on temporary leave from the facility or discharged into the community.	Exhibit D, Program Description	X		D = Copy of license		
2	Educational Program: Educational services for juveniles who have been adjudicated as adults need to be coordinated with diagnostic, assessment and therapeutic services	Exhibit D, Program Description	X		I = GEO Staff		
3	Recreational Services: Examples of activities include: Special events, sports events, physical fitness, holiday parties, theater group, movies, dances, community outings with permission from the judge, horticulture, art therapy, sewing group, library, music, and other special interest groups.	Exhibit D, Program Description	X		I = GEO Staff O = Rec Room		
4	Pre-Vocational, Vocational, and Work Programs: The provider will use pre-vocational, vocational, and work programs to support resident's interests and skills in becoming more independent when returned to the community.	Exhibit D, Program Description	X		I = GEO Staff		

	General Program & Services Tool Performance Indicator	Authority	Rating		Ratings Based Upon:		Notes and Comments
			Yes	No	NA	I = Interview O = Observation D = Documentation	
V. Access to Grounds (Civil Facilities Only)							
1	Each treatment facility shall have policies that describe freedom of movement and access to grounds	65E-5.602. F.A.C.			X		
2	The time span during which residents are allowed access to grounds shall be specified conspicuously and posted in living area	65E-5.602. F.A.C.			X		
3	Each treatment facility shall publish procedures to insure the limitations are reviewed.	65E-5.602. F.A.C.			X		
4	The resident or the resident's representative may appeal the restriction to the facility administrator through the grievance process.	65E-5.602. F.A.C.			X		
5	Each facility will have a process in place for residents who disagree with their level of access to grounds to require a review.	65E-5.602. F.A.C.			X		
6	Each facility will have a policy for maintaining access to grounds level upon intra-facility transfer unless clinically contraindicated	65E-5.602. F.A.C.			X		
7	Each facility will have a policy to provide for outside time of at least 1/2 hour per day for residents without full access to grounds, including those who are certified as experiencing long term loss of independent access to grounds.	65E-5.602. F.A.C.			X		
8	Each facility will provide all residents with an orientation to grounds and boundaries of the facility prior to granting full or prescribed access to grounds.	65E-5.602. F.A.C.			X		
9	Built into the program schedule are various organized recreational activities as well as designated times to be outdoors, weather permitting, for fresh air breaks	65E-5.602. F.A.C.			X		
VI. Food Services:							
1	The provider to assured all resident's dietary needs are met in accordance with standards set forth by the Joint Commission for Accreditation on Healthcare Organizations (JCAHO) and the American Dietetic Association. (Review Menus and Dietician Agreement)	Attachment I, Section, B.1.(a).(4).		X		D = Menus, Personnel Qualifications I = GEO Staff O = Review of Kitchen	Recommendations: (1) Food temperatures be monitored at unit delivery and (2) That a more comprehensive food service satisfaction survey be completed twice per year.
2	Three meals per day with therapeutic nutritional snacks are served to all residents. (Review Menus)	Attachment I, Section, B.1.(a).(4).	X			D= Reviewed Menus	

	General Program & Services Tool Performance Indicator	Authority	Rating		Ratings Based Upon:		Notes and Comments
			Yes	No	I = Interview O = Observation D = Documentation		
3	All food drug interactions are reviewed and considered by the team prior to dispensing pharmacological agents. All food-drug interaction potentials are communicated to the dietary staff and Licensed Dietitian. <i>(Discuss with Dietician and determine process)</i>	Attachment I, Section, B.1.(a).(4).	X			I = Food Service Manager	
4	Menus are planned by a Licensed Dietitian to insure diets are nutritionally adequate. <i>(Review Dietician Agreement and Credentials)</i>	Attachment I, Section, B.1.(a).(4).	X			D = Dietician Agreement & Personnel Credentials	
5	The menus are based on a four week cycle with planned substitutions and extensions for both therapeutic and modified diets. <i>(Review Menus)</i>	Attachment I, Section, B.1.(a).(4).	X			D = Review of menus	
VII. Canteen Services							
1	The canteen will be available for all residents to purchase snacks and other personal items, consistent with the individual's dietary requirements. <i>(Review/Observe Canteen)</i>	Attachment I, Section, B.1.(a).(4).	X			D = Canteen List I = GEO Staff	
2	The canteen will be open daily during the hours when residents are encouraged to attend recreational therapeutic services. <i>(Review/Observe Canteen)</i>	Attachment I, Section, B.1.(a).(4).	X			D = Canteen List I = GEO Staff	
VIII. Personnel							
1	The provider shall maintain staffing levels that, at a minimum, conform to those positions listed in the Staffing Plans attached as Exhibit B-1, B-2, and B-3. In the event a position listed on the Staffing Plans becomes vacant, the provider shall have 30 calendar days to fill the vacant position. <i>(Review staffing roster and Exhibit B)</i>	Attachment I, Section, B.2.(a).(2).	X			D = Review of Staffing Roster & Exhibit B	
2	The Provider shall provide and maintain a management team comprised of a Hospital Administrator, Assistant Hospital Administrator, Nursing Director, Clinical Director, Security Chief, and Facility Manager which meets the minimum qualifications as stated in the contract. <i>(Review staffing roster and personnel file)</i>	Attachment I, Section, B.2.(a).(1).	X			D = Review of Staffing Roster	
3	The provider will provide staffing coverage 24/7 in the composition as stated in the program description. <i>(Review staffing roster)</i>	Exhibit D, Program Description	X			D = Review of Staffing Roster	

	General Program & Services Tool Performance Indicator	Authority	Re		Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
			Yes	No		
IV. Miscellaneous						
1	The provider will be responsible for the secure transportation of residents to outside medical appointments when these are required. Security personnel will accompany residents and remain with them continuously during their outside appointments, treatments, and hospitalizations. The provider transportation will be provided unless the resident's condition requires transportation by ambulance. In the case of ambulance transport, the provider security will accompany and continuously supervise the resident. (Review Transportation Logs & complete vehicle inspection tool)	Exhibit D, Program Description				
2	Management of Resident Grievances. The provider ensures residents and/or family, and/or significant other and/or advocate to have access to the grievance process. (Review resident grievances and facility procedure)	Chapter 916 F.S., Chapter 65E-20, JCAHO	X		D = Transportation Logs, vehicle records and monthly vehicle record. I = Security Personnel	
3	Diversity and Access. Special provisions must be made to accommodate a culturally diverse population which includes making treatment available to residents whose primary language is other than English. (Review List of residents who have primary language other than English and review resident file or observe services being delivered.)	Exhibit D, Program Description	X		D= Reviewed grievances and procedure. I= Resident Advocate	
4	Incidents shall be reported as stated in policy and the contract. (Review provider incidents and compare to what was reported to department)	CFOP 155-25	X			

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*Treasure Coast Forensic Treatment Center
Personnel Monitoring Tool
Contract # LI704
March 23-25, 2009*

Monitoring Team Members: Gary Thompson & Dineen Cicco

Personnel File Review Tool Performance Indicator	Authority	Rating		Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
		Yes	No		

I. General					
1 Staff Demographic Information		X		D = Personnel Files	
2 Position Title		X		D = Personnel Files	
3 Hire Date		X		D = Personnel Files	
4 Personnel file includes employee's employment application.		X		D = Personnel Files	
5 Personnel file includes employee's current job description with minimum qualifications for the position.		X		D = Personnel Files	
6 Personnel file includes employee's annual performance appraisal.		X		D = Personnel Files	
7 Personnel file includes a verified or certified copy of degrees, licenses, or certificates of the employee.		X		D = Personnel Files	
8 Employees degrees, licenses, or certificates meet the minimum qualifications in the job description or contract.		X		D = Personnel Files	
9 Personnel file includes evidence of a current driver's license (if the employee transports clients).		X		D = Personnel Files	
10 Employee and employer have completed the I-9 form with supporting documents necessary.		X		D = Personnel Files	
11 Each employee will receive a medical screening that will include, at a minimum, PPD and/or chest x-ray and serology. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo and pass an annual PPD and/or chest x-ray.		X		D = Personnel Files	

Personnel File Review Tool Performance Indicator		Authority	Rating		Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
II. Level 2 Background Screening						
1	The employee fingerprints have been checked for statewide criminal and juvenile records through FDLE					
2	The employee fingerprints have been checked with FBI		X		D = Personnel Files	
3	The employer has received a response to the checks within a reasonable time (90 days) or has communicated with the checking authority regarding the missing information		X		D = Personnel Files	
4	The employee has not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s 435.04		X		D = Personnel Files	
5	The employee has attested to meeting the requirements for qualifying for employment, and agreeing to informing employer immediately if convicted of disqualifying offenses		X		D = Personnel Files	
6	Each employee required to be screened will submit complete information necessary to employer within five working days after starting to work.		X		D = Personnel Files	
7	Each employer shall submit information to FDLE within five working days of receiving it from the employee.		X		D = Personnel Files	
8	Employee has been rescreened at least once in the past five years using Level 2 standards.		X		D = Personnel Files	
III. Training & Other Requirements						
1	FDLE Certification		X		D = Personnel Files	
2	CPR		X		D = Personnel Files	
3	CPI		X		D = Personnel Files	
4	New Hire Orientation		X		D = Personnel Files	
5	Restraint and Seclusion Training, if applicable		X		D = Personnel Files	
6	If applicable, employee meets training requirements. Insert more rows to enter multiple requirements. See notes for possible authorities.		X		D = Personnel Files	
7	If applicable, employee has been trained in DCF data security. If applicable, employee has been trained in confidentiality and security if provider is subject to HIPAA.		X		D = Personnel Files	

	Personnel File Review Tool Performance Indicator	Authority	Rating		Ratings Based Upon: I = Interview O = Observation D = Documentation	Notes and Comments
			Yes	No		
8	If employee has access to DCF information systems, has signed CF114, the data security agreement.			NA		
9	Personnel file includes a signed document indicating that the employee has received new staff orientation and understands the personnel policies, the infectious disease risk of working in the agency, the provider's universal infection control procedures, standard of ethical conduct including sexual harassment, abuse reporting procedures, and policies regarding client rights and confidentiality		X		D = Personnel Files	

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State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

November 8, 2010

Genna Marx, Director of Contract Compliance
GEO Care, Inc.
One Park Place
621 NW 53rd Street, Suite 700
Boca Raton, Florida 33487

Dear Ms. Marx:

The Florida Department of Children and Families (Department) conducted a programmatic contract monitoring review of the Treasure Coast Forensic Treatment Center (TCFTC) on September 21 – 24 of this year. The review period encompassed dates of service from April 1, 2009 through August 31, 2010. Department staff from the Mental Health Program Office Contracts Team participated in the monitoring review.

The enclosed monitoring report consists of a summary, general program, resident and personnel monitoring tools containing specific details concerning those areas. Only those resident and personnel files from the sample that were applicable to the performance requirement being reviewed were included in the scoring methodology. If an item on the attached monitoring tools fell below 90 percent compliance, that item will be indicated as an **"Opportunity for Improvement"** and does not require a formal Corrective Action Plan (CAP). Items that fell below 85 percent compliance will require a formal CAP. Those items are identified by stating **"Corrective Action Required"** in the monitoring tools. The CAPs for each indicated item are required to be submitted to the Department by close of business December 10, 2010. All CAP items will be reviewed during the next on-site monitoring to ensure that the CAP was implemented and improvement has been made.

The Department would like to thank you and the TCFTC staff for your continued efforts in providing quality services to the people of Florida. If you have any questions regarding the report or the items that require corrective action, please do not hesitate to contact me at (850) 921-0547.

Sincerely,

A handwritten signature in black ink that reads 'Frank Dichio'. The signature is written in a cursive, flowing style.

Frank Dichio
Privatized Facilities Contract Manager

cc: Katharine V. Lyon, Ph.D., DCF Director, Mental Health Program Office
Sally Cunningham, MSW, DCF Chief, Mental Health Treatment Facilities
Joy Neves, DCF Chief, Substance Abuse and Mental Health Contracts
Dale Frick, Divisional Vice President, Adult Residential Treatment, GEO Group, Inc.
Robert "Bob" Quam, TCFTC Facility Administrator

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

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**Treasure Coast Forensic Treatment Center (TCFTC), Contract #LI704
September 21st – 24th, 2010**

On-Site Monitoring Report Summary

Monitoring Team Members: Joy Neves, Chief SAMH Contracts; Tarha Sondesky, Contract Manager; Frank Dichio, Contract Manager

This summary incorporates findings from the General Program and Services, Resident File and Personnel File Reviews. The TCFTC staff was friendly and very helpful in assisting the monitors with locating items when needed.

General Program and Services Review

The review of the facility's general programs and services was excellent. The facility staff should be commended for their overall daily management of residents' behavior and operation of the facility. All areas except for weekly food service inspections by facility staff were found to be in compliance with the contract. On the monthly Grievance Report that is submitted to the Department, please add the number of resident appeals and their status to the report template. A review of the August 2010 Security Staff Daily Rosters indicated that the supervisor's signature was missing from the roster log and the shift briefing forms on several occasions.

Resident File Review

A total of twenty-four (24) resident files were reviewed consisting of current and discharged incompetent to proceed and not guilty by reason of insanity residents. The monitoring review period covered from April 1, 2009 – August 31, 2010. Only those actions/requirements that would have occurred during the review period received a rating score. A rating score of "Not Applicable (N/A)" was given if the action/requirement would not have occurred during the review period.

In general, the resident files were well-organized and contained all required documentation. The colored tabs/pages in the resident files made it easy to navigate through the different sections of the files. An opportunity for improvement would be that all handwritten notes and physician orders be more legible. The monitoring team would also suggest adding an area next to the signature line to enter the date on all forms and assessments. The monitoring team's findings include three (3) contract requirements that will require corrective action as indicated on the monitoring tool.

Personnel File Review

A total of ten (10) current and terminated TCFTC employee personnel files were reviewed during the monitoring visit. The monitoring team did not have any issues navigating the files. For the most part, the files were complete and contained the necessary documentation. Only one area of review will require corrective action.



Treasure Coast Forensic Treatment Center General Program and Services Monitoring Tool

Contract # LI704

September 21-24, 2010

Monitoring Team Members: Joy Neves, Tarha Sondesky, Frank Dichio

REVIEW PERIOD: APRIL 2009 THROUGH AUGUST 2010

I. Facility Staff						
1	The Provider shall provide and maintain a management team comprised of a Hospital Administrator, Assistant Hospital Administrator, Nursing Director, Clinical Director, Security Chief, and Facility Manager which meets the minimum qualifications as stated in the contract. (Review staffing roster and personnel file)	Attachment I, Section, B 2 (a) (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview
2	The provider shall maintain staffing levels that, at a minimum, conform to those positions listed in the Staffing Plans attached as Exhibit B-1, B-2, and B-3. In the event a position listed on the Staffing Plans becomes vacant, the provider shall have 30 calendar days to fill the vacant position. (Review staffing roster and Exhibit B)	Attachment I, Section, B 2 (a) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation
3	The provider shall submit the Monthly Vacant Position Report (Exhibit H2) each month to DCF tracking all Staffing Plan positions that are vacant by more than 30 calendar days by Position Number, Position Title, Number of Vacant Working Days (beyond 30 calendar days), Daily Rate of Pay, and Vacancy Deduction Calculation	Attachment I, Section, B 2 (a) (2), and Exhibit A, Required Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation
4	The provider will provide staffing coverage 24/7 in the composition as stated in the program description. (Review staffing roster)	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation Reviewed Aug. 2010 Security Officer shift logs. Some shifts were missing a supervisor's signature on the log. The signature of the OIC who conducted the shift briefing was missing from several logs.

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II. General Programs						
1	Provide a comprehensive active treatment program and all services necessary to support the 24 hours a day, seven days a week residential care of persons living in a secure facility.	Attachment I, Section B.1 a.(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview
2	Comply with JCAHO accreditation and Chapter 395 licensure standards throughout the length of the contract, except those standards related to building design and physical plant structure.	Attachment I, Section B.1 a.(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JCAHO (Joint Commission) accreditation received on 3/21/2008.
3	Provide individualized treatment as documented in treatment plans that are prepared with full participation of the resident and, to the fullest extent possible, the community forensic case manager/forensic specialist	Attachment I, Section B.1 a.(9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview
4	Provide integrated mental health and substance abuse treatment using a best practice model; e.g. the Minkoff model.	Attachment I, Section B.1 a.(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview
5	Policies and Procedures. The provider shall develop and implement policies, operating procedures and clinical protocols consistent with best practices for forensic mental health treatment in a secure setting and in compliance with licensing and accreditation organizations, state and federal laws, codes, rules, regulations and standards, and the Department's operating procedures	Attachment I, Section B.1 a.(17)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation
6	The provider shall cooperate with all Department quality assurance activities and processes, in addition to maintaining its own quality assurance functions relating to the management of the facility in compliance with JCAHO standards. The provider shall permit the Department access to the facility, staff, residents, and records at all times. The provider agrees to cooperate fully with the Department in the conduct of performance audits and financial audits.	Attachment I, Section B.1 a.(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation
7	Educational Program: Educational services for juveniles who have been adjudicated as adults need to be coordinated with diagnostic, assessment and therapeutic services	Exhibit D, Program Description	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Juveniles do not reside at this facility.

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8	Recreational Services. Examples of activities include: Special events, sports events, physical fitness, holiday parties, theater group, movies, dances, community outings with permission from the judge, horticulture, art therapy, sewing group, library, music, and other special interest groups.	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview	Gym w/ treadmills, exercise bikes and universal weight machine. Basketball and volleyball courts. No organized tournaments/programs for residents. Recreation director has tried in the past to have organized conditioning programs for residents that are overweight or may have medical needs.
9	Pre-Vocational, Vocational, and Work Programs The provider will use pre-vocational, vocational, and work programs to support resident's interests and skills in becoming more independent when returned to the community	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview	Work Programs - Laundry and Program aides
III. ITP Program Services							
1	Competency Training Materials. Each mental health treatment facility shall develop and/or adopt competency training materials and tools to be utilized in competency training sessions. Materials should be varied and allow for diversity in cognitive abilities, language and cultural differences. (Review Program materials and schedules)	Attachment I, Section B 1. (a) (7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation	Program materials were reviewed and the monitoring team attended Competency and Court Readiness and Self Help Peer Support program sessions.
2	Competency Training Methods. Each mental health treatment facility shall develop processes for providing competency training to include individual and group training sessions, as well as incorporating competency training into other treatment modalities as appropriate. (Review Program materials and schedules)	Attachment I, Section B 1. (a) (7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation	Program schedules were reviewed and training sessions were verified.
3	Provide competency restoration services in accordance with professional practices and conditional release/discharge planning, when appropriate, for those individuals adjudicated ITP.	Attachment I, Section B 1. a (7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation	
4	Provide assessment of ITP residents' restorability of competence and provide timely reports to the court requesting the dismissal of charges for those residents whose competency is deemed non-restorable.	Attachment I, Section B 1. a (10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation	
5	Competency Restoration services are provided five days per week to ITP residents. (Review Program schedules)	Attachment I, Section B 1. (a) (7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation	

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IV. NGI Program Services						
1	Managing Your Risk (Risk Management/Relapse Prevention): Individuals who have been found NGI will learn and practice risk reduction skills through their participation in the Managing Your Risk Program (MYR). The program meets twice per week for three to four months and thereafter has at least monthly booster sessions.	Attachment I, Section, B.1 (a), (8); Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MYR classes are scheduled and occurring.
2	Illness Management and Recovery Program is provided to NGI residents and will cover the following topics: recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system. (Review Program Schedule)	Attachment I, Section, B.1 (a), (9); Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation
V. Food Services						
1	The provider to assure all resident's dietary needs are met in accordance with standards set forth by the Joint Commission for Accreditation on Healthcare Organizations (JCAHO) and the American Dietetic Association. (Review Menu and Dietician Agreement)	Attachment I, Section, B.1 (a), (4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility uses the IMPAC system to develop menus.
2	Three meals per day with therapeutic nutritional snacks are served to all residents (Review Menu)	Attachment I, Section, B.1 (a), (4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four week menus reviewed. Special diets/menus available. Snacks approx. 100-250 calories (fruit, crackers, etc).
3	All food and drug interactions are reviewed and considered by the team prior to dispensing pharmacological agents. All food-drug interaction potentials are communicated to the dietary staff and Licensed Dietitian. (Discuss with Dietician and determine process)	Attachment I, Section, B.1 (a), (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physician orders submitted to food services to accommodate special dietary needs. Food and drugs are monitored for interactions. The food service manager reported good communication between all the departments in regards to possible interactions. He reported that there has not been any major concerns. They do not serve grapefruit juice since it tends to have negative drug interactions or reduce the effectiveness of medications.

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4	Menus are planned by a Licensed Dietitian to insure diets are nutritionally adequate. (Review Dietician Agreement and Credentials)	Attachment I, Section, B.1.(a).(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview	Dietician on site - reviews menus and changes. Facility uses the IMPAC system to develop menus. Approx. 2,800 calories per day.
5	The menus are based on a four week cycle with planned substitutions and extensions for both therapeutic and modified diets. (Review Menus)	Attachment I, Section, B.1.(a).(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview	Four week menus are changed every six months. Residents identified as requiring a special diet are given a nutritional assessment and modified daily diets.
6	Food Services Inspections: A team of Food Inspectors will be appointed by the administrator and charged with regular weekly meal inspections including, but not limited to, eating sample meals, checking food temperatures, witnessing the preparation of meals and observation of general housekeeping and sanitary conditions. A report of the inspection is to be furnished to the administrator. These inspectors will not be required to pay the \$2.00 meal charge during their week of inspection.	TCFTC Policy PC 600-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D = Documentation I = Interview	After interviewing the food service manager, the facility is not following this policy. The facility has not appointed a team of food service inspectors and reports are not being submitted to the facility administrator. **CORRECTIVE ACTION REQUIRED**
VI. Canteen Services							
1	The canteen will be available for all residents to purchase snacks and other personal items, consistent with the individual's dietary requirements. (Review/Observe Canteen)	Attachment I, Section, B.1.(a).(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Items are delivered via mail order and distributed to residents every Thursday afternoon.
2	The canteen will be open daily during the hours when residents are encouraged to attend recreational therapeutic services. (Review/Observe Canteen)	Attachment I, Section, B.1.(a).(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Items are delivered via mail order and distributed to residents every Thursday afternoon.
VII. Pharmacy							
1	Pharmacy Services. The provider agrees to obtain and hold all licenses and permits necessary to its provision of on-site pharmacy services, including the ability to dispense medications as required in the RFP to persons served who are either on temporary leave from the facility or discharged into the community.	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation	Pharmacy License expires 2/28/11 Pharmacist License (Johnson) expires 9/30/11 Two (2) pharmacy Techs w/ licenses - expire 12/31/2012 Controlled Substances License expires 9/30/2012
2	The Medication Administration Records (MAR) shall be kept in the Nursing Station. Each resident at TCFTC shall have a MAR that lists their name, medical record number, building number, drug allergies, date of admission, date of birth, weight, age, attending physician's name, and resident diagnosis. The MAR must be used during the medication administration process. An MAR will be created for every patient regardless if the resident is on medication.	Policy Number PHR-222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Dr. Johnson	
Every order on the MAR shall be initiated by the nurse who checks it for accuracy							The team did not monitor this requirement.

4	All controlled substances in the Pharmacy will be kept locked in drawers except the following: a. Items requiring refrigeration. b. Prescriptions that have been prepared and are waiting to be dispensed or delivered. c. Discontinued unit dose prescriptions waiting to be credited. d. Items for disposal, or e. Returns for the reverse distributor.	Policy Number PHR-222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O = Observation I = Dr. Johnson	Two locked drawers for controlled substances. Pharmacist, techs, and central control room have keys. Expired medications are returned monthly. Quarantined medications are returned quarterly.
5	A check using the Perpetual Inventory system will be performed by a pharmacist every working day in the morning as controlled medications are dispensed.	Policy Number PHR-222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O = Observation I = Dr. Johnson	Pharm. Tech records and initials controlled medications in dispensing log daily. Pharmacist initials record also. Log is not computerized.
6	If a discrepancy is detected the Pharmacy Manager will be notified immediately. All discrepancies will be documented and rectified if possible on the debit/credit sheet of the item in question.	Policy Number PHR-222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O = Observation I = Dr. Johnson	
7	Pharmacy will conduct a monthly inventory of all controlled substances	Policy Number PHR-222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O = Observation I = Dr. Johnson	Daily inventory of controlled substances. Monthly inventory of all medications. Medications are re-ordered manually.
VIII. Grievances							
1	Management of Resident Grievances: The provider ensures residents and/or family, and/or significant other and/or advocate to have access to the grievance process. <i>(Review resident grievances and facility procedure)</i>	Chapter 916 F.S.: Chapter 65E- 20.JCAHO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I = Cymantha Bryce (Resident Advocate)	Drop boxes located in resident dorms. Peer Support Specialist retrieves grievances from drop boxes in the a.m. Monday - Friday.
2	The resident advocate will be responsible for the collection of grievances, assigning of staff to investigate grievances, monitoring the flow and tracking of grievances and monthly reports on grievance tracking. Upon receipt of the grievances the resident advocate will note the date and time that the grievance was received and assign a tracking number.	Grievances Policy Number RI 200-04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I = Cymantha Bryce (Resident Advocate)	Resident advocate reviews each grievance. Assigns tracking number and date/time of receipt.
3	If a resident is not satisfied with the written response and resolution to his grievance he may file an appeal to the Facility Administrator or his designee. The facility administrator or his designee will review the written complaint and the initial disposition. Within five (5) working days the facility administrator or his designee will make a final decision concerning the outcome of the complaint and will provide a written response within twenty-four (24) hours to the resident. A copy of the response will also be provided to the resident advocate for tracking.	Grievances Policy Number RI 200-04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I = Cymantha Bryce (Resident Advocate)	<u>Recommendation:</u> Request that the facility includes appeals and status of appeals on monthly reports to DCF.

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IX: Re Mail 1 Resident Mail is processed and delivered as per policy # RI 200-11.	RI 200-11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O = Observation I = Officer Payen Resident mail is x-rayed, logged and delivered to residents by security officer. Residents sign for receipt of mail, must open mail in front of security officer, return envelope to officer, and are offered a copy of the return address. After delivery, mail logs are kept in central control room.
X: Court Report Submissions						
1 Provide timely reports to the court following determination that a resident is competent to proceed or no longer meets criteria for involuntary commitment.	Attach I. B.1 a.(12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Individuals Ready to Return to Court Report. Reports submitted on same day, up to 7 days after individual was deemed competent. Reviewed NGI and ITP Court Report Tracking log. Reviewed transportation logs.
XI: Miscellaneous						
1 The provider will be responsible for the secure transportation of residents to outside medical appointments when these are required. Security personnel will accompany residents and remain with them continuously during their outside appointments, treatments, and hospitalizations. The provider transportation will be provided unless the resident's condition requires transportation by ambulance. In the case of ambulance transport, the provider security will accompany and continuously supervise the resident. (Review Transportation Logs)	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation
2 Diversity and Access: Special provisions must be made to accommodate a culturally diverse population which includes making treatment available to residents whose primary language is other than English. (Review List of residents who have primary language other than English and review resident file or observe services being delivered.)	Exhibit D, Program Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation O = Observation I = Interview The facility offers classes in Spanish and also tries to accommodate special dietary needs based upon medical conditions, religious and cultural influences. Interviewed the Programs Director and reviewed the schedule of programs. Also interviewed the Food Service Manager.
3 Incidents were reported to the department as required by contract and CFOP 155-25. (Review provider incidents and compare to what was reported to the department)	Attachment I, Section D.1.; CFOP 155-25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation
4 The provider shall develop an Emergency Preparedness Plan that is approved by AHCA, the State Fire Marshal, and the local disaster management/emergency services agency. The approved plan shall be submitted to the contract manager for acceptance.	Attachment I, Section B.1 a.(16)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D = Documentation



Treasure Coast Forensic Treatment Center
Resident File Monitoring Tool
Contract # LI704
September 21-24, 2010

*** REVIEW PERIOD: APRIL 2009 THROUGH AUGUST 2010 ***

Monitoring Team Members: Joy Neves, Tarha Sondesky, Frank Dichio

Resident File Review Tool Performance Indicator		Authority	Overall Rating Met Not Met N/A	Percentage Met	Notes and Comments		
II.	Assessments - Initial and Annual (All Residents)						
1.	Was a Physical Examination conducted within 24 hours of admission?	CFOP 155-16	18	1	5	94.74%	
1a.	Was a Physical Examination conducted annually after admission?	CFOP 155-16	6	1	17	85.71%	Resident W.L. did not have a Sept. 2010 Physical Exam on file. **Opportunity for Improvement**
2.	Was an initial Psychiatric Evaluation conducted within 60 hours? The admitting psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) will complete a psychiatric evaluation for a provisional diagnosis and development of an initial psychiatric/psychotherapeutic medication treatment plan.	CFOP 155-16	20	0	4	100.00%	
2a.	Was a Psychiatric Evaluation conducted annually after admission?	CFOP 155-16	7	0	17	100.00%	
3.	Was an initial Nursing Assessment conducted within 24 hours of admission? The assessment shall include: a physical, psychiatric, psychosocial and developmental assessment.	CFOP 155-16	18	1	5	94.74%	
3a.	Was the Nursing Assessment conducted annually after admission?	CFOP 155-16	8	0	16	100.00%	
4.	Was an initial Psychological Assessment conducted within 30 calendar days of admission? This shall include behavioral screening and testing if indicated.	CFOP 155-16	17	1	6	94.44%	
4a.	Was the Psychological Assessment conducted annually after admission?	CFOP 155-16	3	3	17		3 resident files (C.S., P.D., M.A.) did not contain documentation of an annual psychological assessment. **CORRECTIVE ACTION REQUIRED**

CONFIDENTIAL

5.	Was a Functional Assessment Rating Scale (FARS) completed within 14 days of admission to the facility?	CFOP 155-16	19	0	5	100.00%	
5a.	Was a Functional Assessment Rating Scale (FARS) completed with 14 days of each six month anniversary of admission?	CFOP 155-16	14	0	10	100.00%	
5b.	Was a Functional Assessment Rating Scale (FARS) completed within 14 days of the resident's actual discharge from the facility? If a resident is discharged unexpectedly and the discharge FARS has not been completed prior to departure, the FARS may be completed by the staff involved in the resident's treatment within five working days of the resident's discharge (in absence of the resident)	CFOP 155-16	7	0	17	100.00%	
6.	Was an initial Dental Assessment conducted within 10 days of admission?	CFOP 155-16	18	0	6	100.00%	
6a.	Was a Dental Assessment conducted every six months after admission?	CFOP 155-16	10	1	13	90.91%	
7.	Was a Vocational and Educational Preference Inventory completed within 30 days of admission?	CFOP 155-16	15	2	7	88.24%	Vocational; and Educational Preference Inventories were completed after 30 days of admission for residents L.T. and P.D. **Opportunity for Improvement**
7a.	Was a Vocational and Educational Preference Inventory completed annually after admission?	CFOP 155-16	8	0	16	100.00%	
8.	Was a Comprehensive Psychosocial History completed within the first 30 days of admission?	CFOP 155-16	16	0	8	100.00%	
8a.	Was a Comprehensive Psychosocial History completed annually after admission?	CFOP 155-16	7	0	17	100.00%	
9.	a) Was a Nutritional Assessment conducted within 10 days of admission for those admitted prior to July 1, 2010? or b) Was a Nutritional Screening conducted within 24 hours of admission for those admitted on or after July 1, 2010?	CFOP 155-16	15	4	5		2 files (E.R., R.R.) did not have documentation of nutritional assessments. 2 files (H.F., D.K.) indicated that the nutritional assessment did not occur within 10 days of admission. **CORRECTIVE ACTION REQUIRED**
9a.	Was a Nutritional Screening conducted at least annually after admission?	CFOP 155-16	6	0	18	100.00%	
10.	Was a History of Trauma, Abuse and Neglect Screening conducted within 24 hours of admission?	CFOP 155-16	19	0	5	100.00%	
11.	Was a Specialized Rehabilitative Services Screening (e.g., Occupational Therapy, Physical Therapy, Speech and Hearing) within 24 hours of admission?	CFOP 155-16	19	0	5	100.00%	

12.	Was a Substance Abuse Screening completed within 30 days of admission?	CFOP 155-16	19	0	5	100.00%	For 2 Residents (J.F., M.S.W.) Personal Safety Plans were completed after 30 days of admission. Resident file C.S. did not contain a Personal Safety Plan.
13.	Was a Personal Safety Plan completed within 30 days of admission?	CFOP 155-16	15	3	6		**CORRECTIVE ACTION REQUIRED**
13a.	Was a Personal Safety Plan completed at least annually after admission?	CFOP 155-16	6	1	17	85.71%	Resident W.W. did not have an annual Personal Safety Plan on file.
13b.	Was the Personal Safety Plan reviewed/updated within 72 hours of the resident's release from seclusion or restraint? Only applicable to residents who have a seclusion or restraint event	CFOP 155-16	2	0	22	100.00%	**Opportunity for Improvement**
III.	Incompetent to Proceed (ITP Residents)						
1.	Did a designated treatment facility staff assess the competency of individual committed to the Department as incompetent to proceed within 30 days of admission? The competency evaluation administration record shall be completed and the results of the evaluation and treatment recommendations shall be documented in the individual's clinical record.	CFOP 155-19; Section 916, F.S.	16	0	8	100.00%	
2.	Was the competence to proceed evaluated on a monthly basis?	CFOP 155-19; Section 916, F.S.	11	0	13	100.00%	
3.	Was a complete competency evaluation report submitted to the court at the time the individual regained competency or within 6 months of the individual's initial admission to a state mental health treatment facility, if the individual remains incompetent to proceed? Looking for documentation of that the report was submitted. Subsequent reports are due annually from the date of commitment for as long as the individual remains committed to the Department pursuant to Chapter 916.13, F.S.	CFOP 155-19; Section 916, F.S.	9	0	15	100.00%	
IV.	Not Guilty By Reason of Insanity (NGI Residents)						
1.	Was a formal evaluation conducted within the first month of admission and at a minimum of every six (6) months thereafter for those who have been committed as not guilty by reason of insanity? Evaluations will include clinical condition, treatment attitudes and orientation, relevant behavior and skills, risk of harm to others, and risk of harm to self (including active self-harm and grave disability). Risk to others in particular will be assessed using the HCR-20, a risk assessment guide. This overall evaluation will be conducted to determine if they meet the criteria for continued involuntary commitment.	Program Description, Section 1.3.3	7	0	17	100.00%	
2.	Provide risk assessment, treatment services and conditional release/discharge planning for those individuals adjudicated NGI.	Attachment I, Section B.1.a(8)	7	0	17	100.00%	

V. Recovery Planning and Implementation (All Residents)									
1.	Was a Stabilization Plan completed within 5 days of admission? This shall be developed by the resident and recovery team through a meeting. This plan is developed by the resident, the recovery team, and guardian/guardian advocate (if they have one), to address immediate personal, behavior, mental and physical health care needs, so as to assist the resident with stabilization and adjustment to the facility environment during the first 30 calendar days.	CFOP 155-16	19	0	5	100.00%			
2.	Within 30 days of admission did the service team develop an individualized recovery plan? (Recovery Plan)	CFOP 155-16	16	0	8	100.00%			
3.	Did the service team develop and implement the plan with participation by the resident? Should have some type of documentation and/or signature showing that the resident participated (if resident refused to participate, that should be documented)	CFOP 155-16	20	0	4	100.00%			
4.	Did the plan include the individual's preferences for long range outcomes, personal goals along with strengths and challenges?	CFOP 155-16	19	0	5	100.00%			
5.	Was the Recovery Plan reviewed/updated every 30 calendar days during the time the resident is in the facility?	CFOP 155-16, Section 9 a (1)	19	0	5	100.00%			
6.	Was the 30-day review documented in the comprehensive progress note or team meeting minute note? Prior to the monthly review, all progress notes and assessments will be reviewed to ensure identified needs are addressed in the plan. At the monthly review, a comprehensive progress note or team meeting note will be placed in the medical record to document the monthly review. At a minimum, documentation provides progress towards each goal and objective.	CFOP 155-16, Section 9	19	0	5	100.00%			
7.	Did the record document that a copy of the plan was given to the individual and legal guardian or guardian advocate (as required by consent status) upon completion for review and approval?	CFOP 155-16	19	2	3	90.48%			
8.	Was the plan updated when the following conditions occurred: When changes occurred at the 30-day review; after a significant/critical event; after review by team to restrict or continue restriction of access to grounds (civil facilities only); when progress has been achieved (goal met requiring a new goal or objective, when lack of progress toward meeting an objective for two 30-day review periods have occurred	CFOP 155-16	17	0	7	100.00%			

Was a court order for commitment in the file?		Chapter 916, F.S.	24	0	0	100.00%
1.	Was consent obtained from the resident or court appointed guardian to receive treatment with psychotherapeutic medication? In forensic treatment facilities, if a resident refuses to consent to treatment with psychotherapeutic medication that is deemed necessary by his/her recovery team for the appropriate care and safety of the resident or the safety of others, the administrator or designee will petition the court for an order authorizing the psychotherapeutic medication treatment for the resident. The court order will allow the treatment to continue for a period not to exceed ninety (90) days from the date of the entry of the order. Unless the court is notified in writing that the resident has provided consent in writing or has been discharged by the committing court, the administrator or designee will, prior to the expiration of the initial ninety (90) day order, petition the court for an order authorizing the continuation of psychotherapeutic medication treatment for another ninety (90) day period. This procedure shall be repeated until the resident provides consent or is discharged by the committing court.	CFOP 155-1	24	0	0	100.00%
VII. Misc (All Residents)						
1.	Residents will receive seven hours of treatment each weekday and four hours of treatment on Saturday and Sunday.	Program Description, Section 16, Treatment Program	24	0	0	100.00%
2.	All forms, notes, and documents are signed and dated.		23	1	0	95.83%
3.	All handwritten notes are clearly legible. (For information only Not applicable for corrective action.)		15	7	2	66.67%
			Recommendation: Add an area next to the signature line to enter the date on all forms and assessments Physician Orders, Dental Assessments, Progress Notes, and other various forms where handwriting was not legible **Opportunity for Improvement**			



**Treasure Coast Forensic Treatment Center
Personnel File Monitoring Tool
Contract # L1704
September 21-24, 2010**

Monitoring Team Members: Joy Neves, Tarha Sondesky, Frank Dichio

Personnel File Review Tool Performance Indicator		Authority	Overall Rating			Percentage Met	Notes and Comments
			Met	Not Met	N/A		
I. General							
1	Staff Demographic Information		10	0	0	100.00%	
2	Position Title		10	0	0	100.00%	
3	Hire Date		10	0	0	100.00%	
4	Personnel file includes employee's employment application.	TCFTC Policy HR 100-01	10	0	0	100.00%	
5	Personnel file includes employee's current job description with minimum qualifications for the position.	TCFTC Policy HR 300-01	10	0	0	100.00%	
6	Personnel file includes employee's annual performance appraisal.	TCFTC Policy HR 300-01	1	2	7		Annual performance appraisals were not in the personnel files for 2 of the 3 applicable employees (F.K., J.F.). After monitoring staff notified the HR manager, she was later able to obtain/produce the missing performance appraisals.
							CORRECTIVE ACTION REQUIRED
7	Personnel file includes a verified or certified copy of degrees, licenses, or certificates of the employee.	Attachment I. Section B.2.b.(1),(3)	8	0	2	100.00%	
8	Employees degrees, licenses, or certificates meet the minimum qualifications in the job description or contract.	Attachment I. Section B.2.b.(1),(3)	9	0	1	100.00%	
	Personnel file includes evidence of a current driver's license (if the employee transports clients).	Attachment I. Section B.2.b.(1),(3)	10	0	0	100.00%	
	Employee and employer have completed the I-9 form with supporting documents necessary.		10	0	0	100.00%	

11	Each employee will receive a medical screening that will include, at a minimum, PPD and/or chest x-ray and serology. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo and pass an annual PPD and/or chest x-ray.	Attachment I. Section B.2.b.(5) TCFTC Policy HR 600-02	9	1	0	90.00%	For employee S.Z.(DOH 5/4/2009), the last PPD was on 5/5/09. The employee was on FMLA from 5/17/10 - 7/17/10. Employee was scheduled for a PPD on 9/21/10. On 9/23/10 the HR Mgr. provided documentation confirming employee received a chest x-ray on 9/21/10.
12	Personnel file includes a signed document indicating that the employee has received new staff orientation and understands the personnel policies, the infectious disease risk of working in the agency, the provider's universal infection control procedures, standards of ethical conduct including sexual harassment, abuse reporting procedures, and policies regarding client rights and confidentiality.	TCFTC Policies HR 200-01 HR and 600-03	10	0	0	100.00%	
II. Level 2 Background Screening							
1	The employee fingerprints have been checked for statewide criminal and juvenile records through the FDLE and the FBI.	Attachment I. Section B.2.b.(2)	10	0	0	100.00%	
2	The employer has received a response to the requested background checks within a reasonable time frame (90 days) or has communicated with the checking authority regarding the missing information.	Attachment I. Section B.2.b.(2)	10	0	0	100.00%	
3	The employee has not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s.435.04, F.S.	Attachment I. Section B.2.b.(2)	10	0	0	100.00%	
4	The employee has attested to meeting the requirements for qualifying for employment, and agreeing to informing employer immediately if convicted of disqualifying offenses.	Attachment I. Section B.2.b.(2)	10	0	0	100.00%	
5	Prior to July 1, 2010: Each employee required to be screened will submit complete information necessary to employer within five working days after starting to work.	Attachment I. Section B.2.b.(2)	10	0	0	100.00%	
CONFIDENTIAL	Each employer shall submit information to FDLE within five working days of receiving it from the employee.	Attachment I. Section B.2.b.(2)	10	0	0	100.00%	
CONFIDENTIAL	Employee has been rescreened at least once in the past five years using Level 2 standards.	Attachment I. Section B.2.b.(2)	0	0	10	N/A	

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FORM 10-K

GEO GROUP INC - GEO

Filed: February 22, 2010 (period: January 03, 2010)

Annual report which provides a comprehensive overview of the company for the past year

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13
OR 15(d) OF THE SECURITIES EXCHANGE
ACT OF 1934**

For the fiscal year ended January 3, 2010

Commission file number: 1-14260

The GEO Group, Inc.

(Exact name of registrant as specified in its charter)

Florida

*(State or other jurisdiction of
incorporation or organization)*

**One Park Place, Suite 700,
621 Northwest 53rd Street**

Boca Raton, Florida

(Address of principal executive offices)

65-0043078

*(I.R.S. Employer
Identification No.)*

33487-8242

(Zip Code)

Registrant's telephone number (including area code):

(561) 893-0101

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Name of Each Exchange on Which Registered
Common Stock, \$0.01 Par Value	New York Stock Exchange

Indicate by a check mark whether the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by a check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by a check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months, and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☐ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K is not contained herein, and will not be contained, to the best of the registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐
(Do not check if a smaller reporting company)

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the 51,019,511 shares of common stock held by non-affiliates of the registrant as of June 28, 2009 (based on the last reported sales price of such stock on the New York Stock Exchange on such date of \$18.56 per share) was approximately \$946,922,124.

As of February 16, 2010, the registrant had 51,629,408 shares of common stock outstanding.

Certain portions of the registrant's annual report to security holders for fiscal year ended January 3, 2010 are incorporated by reference into Part III of this report. Certain portions of the registrant's definitive proxy statement pursuant to Regulation 14A of the Securities Exchange Act of 1934 for its 2010 annual meeting of shareholders are incorporated by reference into Part III of this report.

TABLE OF CONTENTS

	<u>Page</u>
<u>PART I</u>	
<u>Item 1.</u> <i>Business</i>	3
<u>Item 1A.</u> <i>Risk Factors</i>	19
<u>Item 1B.</u> <i>Unresolved Staff Comments</i>	34
<u>Item 2.</u> <i>Properties</i>	34
<u>Item 3.</u> <i>Legal Proceedings</i>	34
<u>Item 4.</u> <i>Submission of Matters to a Vote of Security Holders</i>	35
<u>PART II</u>	
<u>Item 5.</u> <i>Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities</i>	36
<u>Item 6.</u> <i>Selected Financial Data</i>	38
<u>Item 7.</u> <i>Management's Discussion and Analysis of Financial Condition and Results of Operations</i>	38
<u>Item 7A.</u> <i>Quantitative and Qualitative Disclosures About Market Risk</i>	63
<u>Item 8.</u> <i>Financial Statements and Supplementary Data</i>	64
<u>Item 9.</u> <i>Changes in and Disagreements with Accountants on Accounting and Financial Disclosure</i>	124
<u>Item 9A.</u> <i>Controls and Procedures</i>	124
<u>Item 9B.</u> <i>Other Information</i>	124
<u>PART III</u>	
<u>Item 10.</u> <i>Directors, Executive Officers and Corporate Governance</i>	125
<u>Item 11.</u> <i>Executive Compensation</i>	125
<u>Item 12.</u> <i>Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters</i>	125
<u>Item 13.</u> <i>Certain Relationships and Related Transactions, and Director Independence</i>	125
<u>Item 14.</u> <i>Principal Accountant Fees and Services</i>	125
<u>PART IV</u>	
<u>Item 15.</u> <i>Exhibits and Financial Statement Schedules</i>	125
<u>Signatures</u>	129
<u>EX-21.1</u>	
<u>EX-23.1</u>	
<u>EX-31.1</u>	
<u>EX-31.2</u>	
<u>EX-32.1</u>	
<u>EX-32.2</u>	

PART I

Item 1. *Business*

As used in this report, the terms "we," "us," "our," "GEO" and the "Company" refer to The GEO Group, Inc., its consolidated subsidiaries and its unconsolidated affiliates, unless otherwise expressly stated or the context otherwise requires.

General

We are a leading provider of government-outsourced services specializing in the management of correctional, detention and mental health and residential treatment facilities in the United States, Canada, Australia, South Africa and the United Kingdom. We operate a broad range of correctional and detention facilities including maximum, medium and minimum security prisons, immigration detention centers, minimum security detention centers and mental health and residential treatment facilities. We also provide secure transportation services for offender and detainee populations as contracted. Our correctional and detention management services involve the provision of security, administrative, rehabilitation, education, health and food services, primarily at adult male correctional and detention facilities. Our mental health and residential treatment services, which are operated through our wholly-owned subsidiary GEO Care, Inc., which we refer to as GEO Care, involve the delivery of quality care, innovative programming and active patient treatment, primarily at privatized state mental health facilities. We also develop new facilities based on contract awards, using our project development expertise and experience to design, construct and finance what we believe are state-of-the-art facilities that maximize security and efficiency.

As of the fiscal year ended January 3, 2010, we managed 57 facilities totaling approximately 52,800 beds worldwide and we had an additional 4,325 beds under development at three facilities, including an expansion and renovation of one vacant facility which we currently own, the expansion of one facility we currently own and operate and a new 2,000-bed facility which we will manage upon completion. We maintained an average companywide facility occupancy rate of 94.6% for the fiscal year ended January 3, 2010, excluding facilities that are either idle or under development.

At our correctional and detention facilities in the U.S. and internationally, we offer services that go beyond simply housing offenders in a safe and secure manner. The services we offer to inmates at most of our managed facilities include a wide array of in-facility rehabilitative and educational programs. Such programs include basic education through academic programs designed to improve inmates' literacy levels and enhance the opportunity to acquire General Education Development certificates and also include vocational training for in-demand occupations to inmates who lack marketable job skills. We offer life skills/transition planning programs that provide job search training and employment skills, anger management skills, health education, financial responsibility training, parenting skills and other skills associated with becoming productive citizens. We also offer counseling, education and/or treatment to inmates with alcohol and drug abuse problems at most of the domestic facilities we manage.

Our mental health facilities and residential treatment services primarily involve the provision of acute mental health and related administrative services to mentally ill patients that have been placed under public sector supervision and care. At these mental health facilities we employ psychiatrists, physicians, nurses, counselors, social workers and other trained personnel to deliver active psychiatric treatment designed to diagnose, treat and rehabilitate patients for community reintegration.

Business Segments

We conduct our business through four reportable business segments: our U.S. corrections segment; our International services segment; our GEO Care segment; and our Facility construction and design segment. We have identified these four reportable segments to reflect our current view that we operate four distinct business lines, each of which constitutes a material part of our overall business. The U.S. corrections segment primarily encompasses our U.S.-based privatized corrections and detention business. The International services segment primarily consists of our privatized corrections and detention operations in South Africa, Australia and the

United Kingdom. International services reviews opportunities to further diversify into related foreign-based governmental-outsourced services on an ongoing basis. Our GEO Care segment, which is operated by our wholly-owned subsidiary GEO Care, comprises our privatized mental health and residential treatment services business, all of which is currently conducted in the U.S. Our Facility construction and design segment primarily consists of contracts with various state, local and federal agencies for the design and construction of facilities for which we have been, or expect to be, awarded management contracts. Financial information about these segments for fiscal years 2009, 2008 and 2007 is contained in "Note 17 — Business Segments and Geographic Information" of the "Notes to Consolidated Financial Statements" included in this Form 10-K and is incorporated herein by this reference.

Recent Developments

On February 12, 2009, we announced the retirement of John G. O'Rourke, our Chief Financial Officer. He retired effective August 2, 2009 and was succeeded by Brian R. Evans, our then current Vice President, Finance, Treasurer and Chief Accounting Officer. On July 31, 2009, Mr. Ronald A. Brack was appointed as our Vice President, Chief Accounting Officer and Controller effective August 3, 2009. Mr. Brack joined us in May 2005 and has held the positions of Assistant Controller and Vice President and Controller during his four year tenure.

Just Care Inc. Acquisition

Our mental health subsidiary, GEO Care, acquired Just Care, Inc. which we refer to as Just Care, a provider of detention healthcare focusing on the delivery of medical and mental health services. Just Care manages the 354-bed Columbia Regional Care Center located in Columbia, South Carolina. This facility houses medical and mental health residents for the State of South Carolina and the State of Georgia as well as special needs detainees under custody of the U.S. Marshals Service and U.S. Immigration and Customs Enforcement. This facility is operated by Just Care under a long-term lease with the State of South Carolina. We paid \$38.4 million, net of cash acquired, at closing on September 30, 2009.

Liquidity and capital resources

On October 20, 2009, we completed a private offering of \$250.0 million in aggregate principal amount of our 7³/₄% Senior Notes due 2017 which we refer to as the 7³/₄% Senior Notes. These senior unsecured notes pay interest semi-annually in cash in arrears on April 15 and October 15 of each year, beginning on April 15, 2010. In connection with the issuance of the 7³/₄% Senior Notes, we also executed three interest swap agreements effective November 3, 2009 for an aggregate notional amount of \$75.0 million and a fourth interest rate swap with a \$25.0 million notional amount effective January 6, 2010. We realized proceeds of \$246.4 million at the close of the private offering, net of the discount on the notes of \$3.6 million. A portion of these proceeds was used to fund the repurchase of our \$150.0 million aggregate principal amount of 8¹/₄% Senior Notes due 2013 which we refer to as the 8¹/₄% Senior Notes for which we commenced a cash tender offer announced on October 5, 2009. As of November 19, 2009, all of the 8¹/₄% Senior Notes had been redeemed.

In October 2009, and again in December 2009, we completed amendments to our Third Amended and Restated Credit Agreement through the execution of Amendment No's. 5, 6 and 7, which we collectively refer to as the Senior Credit Facility. These amendments, among other things, allowed us to issue up to \$300.0 million of unsecured debt without having to repay outstanding borrowings on our Senior Credit Facility, modified the aggregate size of the credit facility from \$240.0 million to \$330.0 million, extended the maturity of the revolving portion of the Senior Credit Facility, which we refer to as the Revolver, to 2012, modified the permitted maximum total leverage and maximum senior secured leverage financial ratios, eliminated the annual capital expenditures limitation and made several technical revisions to certain definitions therein. As of January 3, 2010 we had the ability to borrow approximately \$217 million from the excess capacity on the Revolver after considering our debt covenants. Upon the execution of Amendment No. 6, we also had the ability to increase our borrowing capacity under the Senior Credit Facility by another \$200.0 million subject to lender demand, market conditions and existing borrowings.

Facility activations

The following table sets forth new projects that were activated during the fiscal year ended January 3, 2010:

Facility	Location	Activation	Total Beds	Start date
Robert A. Deyton Detention Facility	Lovejoy, GA	192-bed Expansion	768	First Quarter 2009
Broward Transition Center	Deerfield Beach, FL	100-bed Expansion and New contract	700	Second Quarter 2009
Florida Civil Commitment Center(1)	Arcadia, FL	40-bed Expansion and Replacement facility	720	Second Quarter 2009
Harmondsworth Immigration Removal Centre(2)	London, England	New contract	260	Third Quarter 2009
Graceville Correctional Facility	Graceville, FL	384-bed Expansion	1,884	Third Quarter 2009
Parklea Correctional Centre	Parklea, NSW, Australia	New contract	823	Fourth Quarter 2009
Northwest Detention Center	Tacoma, WA	545-bed Expansion and New contract	1,575	Fourth Quarter 2009
Columbia Care Regional Center	Columbia, SC	354-bed New contract	354	Fourth Quarter 2009

(1) This 720-bed facility replaced the adjacent 680-bed facility.

(2) The Harmondsworth Immigration and Removal Centre will be expanded by 360 beds bringing its capacity to 620 beds when the expansion is completed in June 2010.

In addition to the activations in the table above, we also announced contract awards during the fiscal year 2009 and 2010 as follows:

In April 2009, The GEO Group Australia Pty. Ltd., our wholly owned subsidiary which we refer to as GEO Australia, was awarded a new contract by the New South Wales, Department of Corrective Services for the continued management and operation of the 790-bed Junee Correctional Centre. GEO Australia has managed the minimum-to-medium security Centre since its opening in 1993. The new contract has a term of 15 years, inclusive of renewal options.

On May 4, 2009, we announced that we executed a contract with Bexar County, Texas Commissioners' Court for the continued operation of the 688-bed Central Texas Detention Facility located in San Antonio, Texas. This facility, which is owned by Bexar County, houses detainees predominately for the U.S. Marshals Service. We have managed this facility since 1988. The new contract will have a term of ten years, effective April 29, 2009.

In Georgia, the Department of Corrections issued an RFP for 1,000 in-state beds. On February 22, 2010, we announced that the State of Georgia issued a notice of intent to award a contract to our company for the development and operation of a new 1,000-bed facility, which is expandable to 2,500 beds. Under the terms of the intended award, GEO would finance, build, and operate the new \$60 million dollar facility under a long-term ground lease. The award is subject to obtaining approval of the proposed ground lease from the General Assembly. We expect this new 1,000-bed facility to generate approximately \$19 million dollars in annualized operating revenues once completed.

Contract terminations

Effective June 15, 2009, our management contract with Fort Worth Community Corrections Facility located in Fort Worth, Texas was assigned to another party. Prior to this termination, we leased this facility (lease was due to expire August 2009) and the customer was the Texas Department of Criminal Justice.

On September 8, 2009, we exercised our contractual right to terminate our contracts for the operation and management of the Newton County Correctional Center, referred to as Newton County, located in Newton, Texas and the Jefferson County Downtown Jail, referred to as Jefferson County, located in Beaumont, Texas.

We managed Newton County and Jefferson County until the contracts terminated effective on November 2, 2009 and November 9, 2009, respectively.

In October 2009, we received a 60-day notice from the California Department of Corrections and Rehabilitation of its intent to terminate the management contract between us and them for the management of our company-owned McFarland Community Correctional Facility.

We do not expect that the termination of these contracts will have a material adverse impact, individually or in aggregate, on our financial condition, results of operations or cash flows.

Quality of Operations

We operate each facility in accordance with our company-wide policies and procedures and with the standards and guidelines required under the relevant management contract. For many facilities, the standards and guidelines include those established by the American Correctional Association, or ACA. The ACA is an independent organization of corrections professionals, which establishes correctional facility standards and guidelines that are generally acknowledged as a benchmark by governmental agencies responsible for correctional facilities. Many of our contracts in the United States require us to seek and maintain ACA accreditation of the facility. We have sought and received ACA accreditation and re-accreditation for all such facilities. We achieved a median re-accreditation score of 99.4% taking into consideration our most recent accreditation hearing in January 2010. Approximately 70.5%, excluding discontinued operations, of our 2009 U.S. corrections revenue was derived from ACA accredited facilities. We have also achieved and maintained certification by the Joint Commission on Accreditation for Healthcare Organizations, or JCAHO, for our mental health facilities and two of our correctional facilities. We have been successful in achieving and maintaining accreditation under the National Commission on Correctional Health Care, or NCCHC, in a majority of the facilities that we currently operate. The NCCHC accreditation is a voluntary process which we have used to establish comprehensive health care policies and procedures to meet and adhere to the ACA standards. The NCCHC standards, in most cases, exceed ACA Health Care Standards.

Business Development Overview

We intend to pursue a diversified growth strategy by winning new clients and contracts, expanding our government services portfolio and pursuing selective acquisition opportunities. Our primary potential customers are governmental agencies responsible for local, state and federal correctional facilities in the United States and governmental agencies responsible for correctional facilities in Australia, South Africa and the United Kingdom. Other primary customers include state agencies in the United States responsible for mental health facilities, and other foreign governmental agencies. We achieve organic growth through competitive bidding that begins with the issuance by a government agency of a request for proposal, or RFP. We primarily rely on the RFP process for organic growth in our U.S. and international corrections operations as well as in our mental health and residential treatment services business.

Our state and local experience has been that a period of approximately sixty to ninety days is generally required from the issuance of a request for proposal to the submission of our response to the request for proposal; that between one and four months elapse between the submission of our response and the agency's award for a contract; and that between one and four months elapse between the award of a contract and the commencement of facility construction or management of the facility, as applicable.

Our federal experience has been that a period of approximately sixty to ninety days is generally required from the issuance of a request for proposal to the submission of our response to the request for proposal; that between twelve and eighteen months elapse between the submission of our response and the agency's award for a contract; and that between four and eighteen weeks elapse between the award of a contract and the commencement of facility construction or management of the facility, as applicable.

If the state, local or federal facility for which an award has been made must be constructed, our experience is that construction usually takes between nine and twenty-four months to complete, depending on

the size and complexity of the project. Therefore, management of a newly constructed facility typically commences between ten and twenty-eight months after the governmental agency's award.

We believe that our long operating history and reputation have earned us credibility with both existing and prospective customers when bidding on new facility management contracts or when renewing existing contracts. Our success in the RFP process has resulted in a pipeline of new projects with significant revenue potential. During 2009, we activated eight new or expansion projects representing an aggregate of 2,698 additional beds compared to the activation of eight new or expansion projects representing an aggregate of 6,120 beds during 2008.

In addition to pursuing organic growth through the RFP process, we will from time to time selectively consider the financing and construction of new facilities or expansions to existing facilities on a speculative basis without having a signed contract with a known customer. We also plan to leverage our experience to expand the range of government-outsourced services that we provide. We will continue to pursue selected acquisition opportunities in our core services and other government services areas that meet our criteria for growth and profitability. We have engaged and intend in the future to engage independent consultants to assist us in developing privatization opportunities and in responding to requests for proposals, monitoring the legislative and business climate, and maintaining relationships with existing customers.

Facility Design, Construction and Finance

We offer governmental agencies consultation and management services relating to the design and construction of new correctional and detention facilities and the redesign and renovation of older facilities. As of January 3, 2010, we had provided services for the design and construction of forty-five facilities and for the redesign and renovation and expansion of twenty-eight facilities.

Contracts to design and construct or to redesign and renovate facilities may be financed in a variety of ways. Governmental agencies may finance the construction of such facilities through the following:

- a one time general revenue appropriation by the governmental agency for the cost of the new facility;
- general obligation bonds that are secured by either a limited or unlimited tax levy by the issuing governmental entity; or
- revenue bonds or certificates of participation secured by an annual lease payment that is subject to annual or bi-annual legislative appropriations.

We may also act as a source of financing or as a facilitator with respect to the financing of the construction of a facility. In these cases, the construction of such facilities may be financed through various methods including the following:

- funds from equity offerings of our stock;
- cash on hand and/or cash flows from our operations;
- borrowings by us from banks or other institutions (which may or may not be subject to government guarantees in the event of contract termination); or
- lease arrangements with third parties.

If the project is financed using direct governmental appropriations, with proceeds of the sale of bonds or other obligations issued prior to the award of the project, then financing is in place when the contract relating to the construction or renovation project is executed. If the project is financed using project-specific tax-exempt bonds or other obligations, the construction contract is generally subject to the sale of such bonds or obligations. Generally, substantial expenditures for construction will not be made on such a project until the tax-exempt bonds or other obligations are sold; and, if such bonds or obligations are not sold, construction and therefore, management of the facility, may either be delayed until alternative financing is procured or the development of the project will be suspended or entirely cancelled. If the project is self-financed by us, then financing is generally in place prior to the commencement of construction.

Table of Contents

Under our construction and design management contracts, we generally agree to be responsible for overall project development and completion. We typically act as the primary developer on construction contracts for facilities and subcontract with bonded National and/or Regional Design Build Contractors. Where possible, we subcontract with construction companies that we have worked with previously. We make use of an in-house staff of architects and operational experts from various correctional disciplines (e.g. security, medical service, food service, inmate programs and facility maintenance) as part of the team that participates from conceptual design through final construction of the project. This staff coordinates all aspects of the development with subcontractors and provides site-specific services.

When designing a facility, our architects use, with appropriate modifications, prototype designs we have used in developing prior projects. We believe that the use of these designs allows us to reduce the potential of cost overruns and construction delays and to reduce the number of correctional officers required to provide security at a facility, thus controlling costs both to construct and to manage the facility. Our facility designs also maintain security because they increase the area under direct surveillance by correctional officers and make use of additional electronic surveillance.

The following table sets forth current expansion and development projects at January 3, 2010:

Facilities Under Construction	Additional Beds	Capacity Following Expansion/ Construction	Estimated Completion Date	Customer	Financing
North Lake Correctional Facility, Michigan(1)	1,225	1,755	Q2 2010	Federal or Various States	GEO
Northwest Detention Center, Washington(2)	n/a	1,575	Q2 2010	Federal	GEO
Aurora ICE Processing Center, Colorado(3)	1,100	1,532	Q2 2010	Federal	GEO
Broward Transition Center, Florida(4)	n/a	n/a	Q3 2010	Federal	GEO
Blackwater River Correctional Facility, Florida(5)	<u>2,000</u>	2,000	Q2 2010	DMS	Third party
Total	4,325				

- (1) We currently do not have a customer for this facility but are marketing these beds to various federal and state agencies.
- (2) Construction of the additional 545 beds was completed in the fourth quarter 2009. The ongoing construction at this facility is to renovate the existing building and expand space available for administrative and medical offices as well as court rooms.
- (3) We do not yet have customers for these expansion beds.
- (4) We are currently operating this facility and have a management contract for 700 beds. The ongoing construction at this facility is for a new administration building and other renovations to the existing structure.
- (5) We do not yet have a signed management contract for this facility but we expect to have one in place prior to the facility's estimated completion date.

Competitive Strengths

Long-Term Relationships with High-Quality Government Customers

We have developed long-term relationships with our government customers and have been successful at retaining our facility management contracts. We have provided correctional and detention management services to the United States Federal Government for 23 years, the State of California for 22 years, the State of Texas for approximately 22 years, various Australian state government entities for 18 years and the State of Florida for approximately 16 years. These customers accounted for 63.5% of our consolidated revenues for the fiscal year ended January 3, 2010. Our strong operating track record has enabled us to achieve a high renewal rate for contracts, thereby providing us with a stable source of revenue. Our government customers typically satisfy their payment obligations to us through budgetary appropriations.

Diverse, Full-Service Facility Developer and Operator

We have developed comprehensive expertise in the design, construction and financing of high quality correctional, detention and mental health facilities. In addition, we have extensive experience in overall facility operations, including staff recruitment, administration, facility maintenance, food service, healthcare, security, supervision, treatment and education of inmates. We believe that the breadth of our service offerings gives us the flexibility and resources to respond to customers' needs as they develop. We believe that the relationships we foster when offering these additional services also help us win new contracts and renew existing contracts.

Unique Privatized Mental Health Growth Platform

We are the only publicly-traded U.S. corrections company currently operating in the privatized mental health and residential treatment services business. We believe that our target market of state and county mental health hospitals represents a significant opportunity. Through our GEO Care subsidiary, we have been able to grow this business to approximately 1,900 beds and \$121.8 million in revenues from 325 beds and \$31.7 million in revenues in 2004.

Sizeable International Business

We believe that our international presence gives us a unique competitive advantage that has contributed to our growth. Leveraging our operational excellence in the U.S., our international infrastructure allows us to aggressively target foreign opportunities that our U.S.-based competitors without overseas operations may have difficulty pursuing. Our International services business generated \$137.2 million revenue in 2009, representing 12.0% of our consolidated 2009 revenues. We believe we are well positioned to continue benefiting from foreign governments' initiatives to outsource correctional services.

Experienced, Proven Senior Management Team

Our Chief Executive Officer, George C. Zoley, and our President, Wayne H. Calabrese, have worked together at our company for more than 20 years and have established a track record of growth and profitability. Under their leadership, our annual consolidated revenues from continuing operations have grown from \$40.0 million in 1991 to \$1.1 billion in 2009. Dr. Zoley is one of the pioneers of the industry, having developed and opened what we believe to be one of the first privatized detention facilities in the U.S. in 1986. In addition to senior management, our operational and facility level management has significant operational experience. Brian R. Evans, who recently became our Chief Financial Officer, has been with our company for over eight years, mostly serving as our Chief Accounting Officer and Vice President-Finance during a period of significant growth.

Regional Operating Structure

We operate three regional U.S. offices and three international offices that provide administrative oversight and support to our correctional and detention facilities and allow us to maintain close relationships with our customers and suppliers. Each of our three regional U.S. offices is responsible for the facilities located within a defined geographic area. We believe that our regional operating structure is unique within the U.S. private corrections industry and provides us with the competitive advantage of having close proximity and direct access to our customers and our facilities. We believe this proximity increases our responsiveness and the quality of our contacts with our customers. We believe that this regional structure has facilitated the rapid integration of our prior acquisitions, and we also believe that our regional structure and international offices will help with the integration of any future acquisitions.

Business Strategies

Provide High Quality, Essential Services at Lower Costs

Our objective is to provide federal, state and local governmental agencies with high quality, essential services at a lower cost than they themselves could achieve. We have developed considerable expertise in the management of facility security, administration, rehabilitation, education, health and food services. Our quality

is recognized through many accreditations including that of the American Correctional Association, which has certified facilities representing approximately 70.5% of our U.S. corrections revenue as of year-end 2009.

Maintain Disciplined Operating Approach

We manage our business on a contract by contract basis in order to maximize our operating margins. We typically refrain from pursuing contracts that we do not believe will yield attractive profit margins in relation to the associated operational risks. In addition, we generally have not in the past engaged in extensive facility development without having a corresponding management contract award in place, although we have increasingly begun to do so more recently in select situations to pursue what we believe are attractive business development opportunities. We have also elected not to enter certain international markets with a history of economic and political instability. We believe that our strategy of emphasizing lower risk, higher profit opportunities helps us to consistently deliver strong operational performance, lower our costs and increase our overall profitability.

Expand Into Complementary Government-Outsourced Services

We intend to capitalize on our long term relationships with governmental agencies to become a more diversified provider of government-outsourced services. These opportunities may include services which leverage our existing competencies and expertise, including the design, construction and management of large facilities, the training and management of a large workforce and our ability to service the needs and meet the requirements of government customers. We believe that government outsourcing of currently internalized functions will increase largely as a result of the public sector's desire to maintain quality service levels amid governmental budgetary constraints. We believe that our successful expansion into the mental health and residential treatment services sector through GEO Care is an example of our ability to deliver higher quality services at lower costs in new areas of privatization.

Pursue International Growth Opportunities

As a global provider of privatized correctional services, we are able to capitalize on opportunities to operate existing or new facilities on behalf of foreign governments. We currently have international operations in Australia, Canada, South Africa and the United Kingdom. On January 28, 2009 we announced that our wholly-owned U.K. subsidiary, The GEO Group UK Ltd., referred to as GEO UK, signed a contract with the United Kingdom Border Agency for the management and operation of the Harmondsworth Immigration Removal Centre in London, England. We began operating the Harmondsworth Immigration Removal Centre in June 2009. On October 1, 2009, our wholly-owned Australian subsidiary announced that it had been selected by Corrective Services New South Wales to operate and manage the 823-bed Parklea Correctional Centre in Australia. We began operating the Parklea Correctional Centre in October 2009. We intend to further penetrate the current markets we operate in and to expand into new international markets which we deem attractive.

Selectively Pursue Acquisition Opportunities

We consider acquisitions that are strategic in nature and enhance our geographic platform on an ongoing basis. In November 2005, we acquired Correctional Services Corporation, or CSC, bringing over 8,000 additional adult correctional and detention beds under our management. In January 2007, we acquired CentraCore Properties Trust, or CPT, bringing the 7,743 beds we had been leasing from CPT, as well as an additional 1,126 beds leased to third parties, under our ownership. In September 2009, our wholly-owned mental health subsidiary, GEO Care, acquired Just Care, a provider of detention healthcare focusing on the delivery of medical and mental health services. Just Care manages the 354-bed Columbia Regional Care Center in Columbia, South Carolina. We plan to continue to review acquisition opportunities that may become available in the future, both in the privatized corrections, detention, mental health and residential treatment services sectors, and in complementary government-outsourced services areas.

Facilities

The following table summarizes certain information as of January 3, 2010 with respect to facilities that GEO (or a subsidiary or joint venture of GEO) operated under a management contract, had an award to manage or was in the process of expanding:

Facility Name & Location(1)	Capacity	Customer	Facility Type	Security Level	Commencement of Current Contract	Base Period	Renewal Options	Manage Only Lease/ Own
Domestic Contracts:								
Allen Correctional Center Kinder, LA	1,538	LA DPS&C	State Correctional Facility	Medium/ Maximum	October 2008	2.5 years	One, Two-year	Manage only
Arizona State Prison Florence West Florence, AZ	750	ADC	State DUI/RTC Correctional Facility	Minimum	October 2002	10 years	Two, Five-year	Lease
Central Arizona Correctional Facility Florence, AZ	1,280	ADC	State Sex Offender Correctional Facility	Minimum/ Medium	December 2006	10 years	Two, Five-year	Lease
Arizona State Prison Phoenix West Phoenix, AZ	450	ADC	State DWI Correctional Facility	Minimum	July 2002	10 years	Two, Five-year	Lease
Aurora ICE Processing Center Aurora, CO	432 + 1,100 expansion	ICE	Federal Detention Facility	Minimum/ Medium	October 2006	8 months	Four, One-year	Own
Bridgeport Correctional Center Bridgeport, TX	520	TDCJ	State Correctional Facility	Minimum	September 2005	3 years	Two, One-year	Manage Only
Bronx Community Re-entry Center Bronx, NY	110	BOP	Federal Halfway House	Minimum	October 2007	2 years	Three, One-year	Lease
Brooklyn Community Re-entry Center Brooklyn, NY	177	BOP	Federal Halfway House	Minimum	February 2005	2 years	Three, One-year	Lease
Broward Transition Center Deerfield Beach, FL	700	ICE	Federal Detention Facility	Minimum	October 2003	11 months	Four, One-year	Own
Central Texas Detention Facility San Antonio, TX(2)	688	Bexar County/ICE & USMS	Local & Federal Detention Facility	Minimum/ Medium	April 2009	10 years	N/A	Lease
Central Valley MCCF McFarland, CA	625	CDCR	State Correctional Facility	Medium	March 1997	10 years	One, Five year	Own
Cleveland Correctional Center Cleveland, TX	520	TDCJ	State Correctional Facility	Minimum	January 2009	2.6 years	Two, Two-year	Manage Only
Desert View MCCF Adelanto, CA	643	CDCR	State Correctional Facility	Medium	March 1997	10 years	One, Five-year	Own
East Mississippi Correctional Facility Meridian, MS	1,500	MDOC/IGA	State Mental Health Correctional Facility	All Levels	August 2006	2 years	Three, One-year	Manage only
Frio County Detention Center Pearsall, TX(2)	391	Frio County/BOP/Other Counties	Local Detention Facility	All Levels	November 1997	12 years	One, Five-year	Lease

Table of Contents

Facility Name & Location(1)	Capacity	Customer	Facility Type	Security Level	Commencement of Current Contract	Base Period	Renewal Options	Manage Only Lease/ Own
Golden State MCCF McFarland, CA	625	CDCR	State Correctional Facility	Medium	March 1997	10 years	One, Five-year	Own
Graceville Correctional Facility Graceville, FL	1,884	DMS	State Correctional Facility	Medium/ Close	September 2007	3 years	Undefined	Manage Only
Guadalupe County Correctional Facility Santa Rosa, NM(2)	600	Guadalupe County/NMCD	Local/State Correctional Facility	Medium	January 1999	3 years	One, Two-year and Five, one-year	Own
Karnes Correctional Center Karnes City, TX(2)	679	Karnes County/ICE & USMS	Local & Federal Detention Facility	All Levels	May 1998	30 years	N/A	Own
LaSalle Detention Facility Jena, LA(2)	1,160	LEDD/ICE	Federal Detention Facility	Minimum/ Medium	July 2007	Continuous until terminated	N/A	Own
Lawrenceville Correctional Center Lawrenceville, VA	1,536	VDOC	State Correctional Facility	Medium	March 2003	5 years	Ten, One-year	Manage Only
Lawton Correctional Facility Lawton, OK	2,526	ODOC	State Correctional Facility	Medium	July 2008	1 year	Five, One-year	Own
Lea County Correctional Facility Hobbs, NM(2),(3)	1,200	Lea County/NMCD	Local/State Correctional Facility	All Levels	September 1998	5 years	Six, One-year	Own
Lockhart Secure Work Program Facilities Lockhart, TX	1,000	TDCJ	State Correctional Facility	Minimum/ Medium	January 2009	2.6 years	Two, One-year	Manage Only
Marshall County Correctional Facility Holly Springs, MS	1,000	MDOC	State Correctional Facility	Medium	September 2006	2 years	Two, One-year	Manage Only
Maverick County Detention Facility Maverick, TX(2)	688	USMS/BOP Maverick County	Local Detention Facility	Medium	December 2008	3 Years	Unlimited, Two-year	Manage Only
Migrant Operations Center Guantanamo Bay NAS, Cuba	130	ICE	Federal Migrant Center	Minimum	November 2006	11 Months	Four, One-year	Manage Only
Moore Haven Correctional Facility Moore Haven, FL	985	DMS	State Correctional Facility	Medium	July 2007	3 years	Unlimited, Two-year	Manage Only
Joe Corley Detention Facility Conroe, TX(2)	1,287	USMS/ICE/BOP Montgomery County	Local Correctional Facility	Medium	August 2008	2 years	Unlimited 2 year options	Manage Only
New Castle Correctional Facility New Castle, IN	2,524	IDOC	State Correctional Facility	All	January 2006	4 years	Three, Two-year	Manage Only

Table of Contents

Facility Name & Location(1)	Capacity	Customer	Facility Type	Security Level	Commencement of Current Contract	Base Period	Renewal Options	Manage Only Lease/ Own
Northeast New Mexico Detention Facility Clayton, NM(2)	625	Clayton/ NMCD	Local/State Correctional Facility	Medium	August 2008	5 years	Five, One-year	Manage Only
North Texas ISF Fort Worth, TX	424	TDCJ	State Intermediate Sanction Facility	Minimum	March 2004	3 years	Four, One-year	Lease
Northwest Detention Center Tacoma, WA	1,575	ICE	Federal Detention Facility	All Levels	October 2009	1 year	Four, One-year	Own
Queens Detention Facility Jamaica, NY	222	OFDT/USMS	Federal Detention Facility	Minimum/ Medium	January 2008	2 year	Four, two-year	Own(7)
Reeves County Detention Complex R1/R2 Pecos, TX(2)	1,720	Reeves County/BOP	Federal Correctional Facility	Low	Feb 2007	10 years	Unlimited ten year	Manage Only
Reeves County Detention Complex R3 Pecos, TX(2)	1,356	Reeves County/BOP	Federal Correctional Facility	Low	January 2007	10 years	Unlimited ten year	Manage Only
Rio Grande Detention Center Laredo, TX	1,500	OFDT/USMS	Federal Detention Facility	Medium	October 2008	5 years	Three, Five-year	Own
Rivers Correctional Institution Winton, NC	1,380	BOP	Federal Correctional Facility	Low	March 2001	3 years	Seven, One-year	Own
Robert A. Deyton Detention Facility Lovejoy, GA	768	Clayton County/ OFDT/USMS	Federal Detention Facility	Medium	February 2008	5 years	Three, Five year	Lease
South Bay Correctional Facility South Bay, FL	1,862	DMS	State Correctional Facility	Medium/close	July 2006	3 years	Unlimited, Two-year	Manage Only
South Texas Detention Complex Pearsall, TX	1,904	ICE	Federal Detention Facility	All	June 2005	1 year	Four, One-year	Own
South Texas ISF Houston, TX	450	TDCJ	State Intermediate Sanction Facility	Medium	March 2009	18 months	N/A	Lease
Val Verde Correctional Facility Del Rio, TX(2)	1,344	Val Verde County/USMS	Local & Federal Detention Facility	All Levels	January 2001	20 years	Unlimited, Five-year	Own
Western Region Detention Facility at San Diego San Diego, CA	770	OFDT/USMS	Federal Detention Facility	Maximum	January 2006	5 years	One, Five-year	Lease
International Contracts:								
Arthur Gorrie Correctional Centre Queensland, Australia	890	QLD DC'S	State Remand Prison	High/ Maximum	January 2008	5 years	One, Five-year	Manage Only

Table of Contents

Facility Name & Location(1)	Capacity	Customer	Facility Type	Security Level	Commencement of Current Contract	Base Period	Renewal Options	Manage Only Lease/ Own
Campsfield House Immigration Removal Centre Kidlington, England	215	UK Home Office of Immigration	Detention Centre	Minimum	May 2006	3 years	One, Two-year	Manage Only
Harmondsworth Immigration Removal Centre London, England	260 + 360 expansion	United Kingdom Border Agency	Detention Centre	Minimum	June 2009	3 years	None	Manage Only
Fulham Correctional Centre & Nalu Challenge Community Victoria, Australia	785	VIC DOJ	State Prison	Minimum/ Medium	April 1997	20 years	None	Lease
Juncie Correctional Centre New South Wales, Australia	790	NSW	State Prison	Minimum/Medium	April 2009	5 years	Two Five-year	Manage Only
Kutama-Sinthumule Correctional Centre Limpopo Province, Republic of South Africa	3,024	RSA DCS	National Prison	Maximum	February 2002	25 years	None	Manage Only
Melbourne Custody Centre Melbourne, Australia	67	VIC CC	State Jail	All Levels	March 2005	3 years	Two, One-year	Manage Only
New Brunswick Youth Centre Mirimachi, Canada(4)	N/A	PNB	Provincial Juvenile Facility	All Levels	October 1997	25 years	One, Ten-year	Manage Only
Pacific Shores Healthcare Victoria, Australia(5)	N/A	VIC CV	Health Care Services	N/A	January 2002	3 years	Four, One-year and One, 17 months	Manage Only
Parklea Correctional Centre Sydney, Australia	823	NSW	State Remand Prison	All Levels	October 2009	5 years	One, Three-year	Manage Only
GEO Care:								
Columbia Regional Care Center Columbia, South Carolina(6)	354	SCDOH/ GDOC ICE/ USMS	Correctional Health Care Hospital	Medical and Mental Health	July 2005	8 years	None	Lease
Florida Civil Commitment Center Arcadia, FL	720	DCF	State Civil Commitment	All Levels	July 2006	31 Months	Two, One-year	Manage Only
Palm Beach County Jail Palm Beach, FL	N/A	PBC as Subcontractor to Armor Healthcare	Mental Health Services to County Jail	All Levels	May 2006	5 years	N/A	Manage Only
South Florida State Hospital Pembroke Pines, FL	335	DCF	State Psychiatric Hospital	Mental Health	July 2008	5 years	Three, Five-year	Manage Only
South Florida Evaluation and Treatment Center Miami, FL	238	DCF	State Forensic Hospital	Mental Health	July 2005	5 years	Three, Five-year	Manage Only
Treasure Coast Forensic Treatment Center Stuart, FL	223	DCF	State Forensic Hospital	Mental Health	April 2007	5 years	One, Five-year	Manage Only

Table of Contents

Customer Legend:

Abbreviation	Customer
IGA	Intergovernmental Agreement
LA DPS&C	Louisiana Department of Public Safety & Corrections
LEDD	LaSalle Economic Development District
ADC	Arizona Department of Corrections
ICE	U.S. Immigration & Customs Enforcement
TDCJ	Texas Department of Criminal Justice
CDCR	California Department of Corrections & Rehabilitation
MDOC	Mississippi Department of Corrections (East Mississippi & Marshall County)
NMCD	New Mexico Corrections Department
VDOC	Virginia Department of Corrections
ODOC	Oklahoma Department of Corrections
DMS	Florida Department of Management Services
BOP	Federal Bureau of Prisons
USMS	United States Marshals Service
IDOC	Indiana Department of Correction
QLD DCS	Department of Corrective Services of the State of Queensland
OFDT	Office of Federal Detention Trustee
VIC DOJ	Department of Justice of the State of Victoria
NSW	Commissioner of Corrective Services for New South Wales
RSA DCS	Republic of South Africa Department of Correctional Services
VIC CC	The Chief Commissioner of the Victoria Police
PNB	Province of New Brunswick
VIC CV	The State of Victoria represented by Corrections Victoria
DCF	Florida Department of Children & Families
SCDOH	South Carolina Department of Health
GDOC	Georgia Department of Corrections
PBC	Palm Beach County

- (1) GEO also owns a facility in Baldwin, Michigan, North Lake Correctional Facility, that was not in use during fiscal year 2009. This 530-bed facility is undergoing a 1,225-bed expansion.
- (2) GEO provides services at this facility through various Inter-Governmental Agreements, or IGAs, through the various counties and other jurisdictions.
- (3) The full term of this contract expired in December 2009 and was extended until December 12, 2011.
- (4) The contract for this facility only requires GEO to provide maintenance services.
- (5) GEO provides comprehensive healthcare services to nine (9) government-operated prisons under this contract.
- (6) GEO Care acquired the management contracts for Columbia Regional Care Center on September 30, 2009 in connection with its business acquisition of Just Care

Government Contracts — Terminations, Renewals and Competitive Re-bids

Generally, we may lose our facility management contracts due to one of three reasons: the termination by a government customer with or without cause at any time; the failure by a customer to renew a contract with us upon the expiration of the then current term; or our failure to win the right to continue to operate under a contract that has been competitively re-bid in a procurement process upon its termination or expiration. Our facility management contracts typically allow a contracting governmental agency to terminate a contract with or without cause at any time by giving us written notice ranging from 30 to 180 days. If government agencies were to use these provisions to terminate, or renegotiate the terms of their agreements with us, our financial condition and results of operations could be materially adversely affected. See “Risk Factors — “We are subject to the loss of our facility management contracts due to terminations, non-renewals or competitive re-

bids, which could adversely affect our results of operations and liquidity, including our ability to secure new facility management contracts from other government customers”.

Aside from our customers’ unilateral right to terminate our facility management contracts with them at any time for any reason, there are two points during the typical lifecycle of a contract which may result in the loss by us of a facility management contract with our customers. We refer to these points as contract “renewals” and contract “re-bids.” Many of our facility management contracts with our government customers have an initial fixed term and subsequent renewal rights for one or more additional periods at the unilateral option of the customer. We count each government customer’s right to renew a particular facility management contract for an additional period as a separate “renewal.” For example, a five-year initial fixed term contract with customer options to renew for five separate additional one-year periods would, if fully exercised, be counted as five separate renewals, with one renewal coming in each of the five years following the initial term. As of January 3, 2010, eleven of our facility management contracts representing 10,407 beds are scheduled to expire on or before December 31, 2010, unless renewed by the customer at its sole option. These contracts represented 19.3% of our consolidated revenues for the fiscal year ended January 3, 2010. We undertake substantial efforts to renew our facility management contracts. Our historical facility management contract renewal rate exceeds 90%. However, given their unilateral nature, we cannot assure you that our customers will in fact exercise their renewal options under existing contracts. In addition, in connection with contract renewals, either we or the contracting government agency have typically requested changes or adjustments to contractual terms. As a result, contract renewals may be made on terms that are more or less favorable to us than those in existence prior to the renewals.

We define competitive re-bids as contracts currently under our management which we believe, based on our experience with the customer and the facility involved, will be re-bid to us and other potential service providers in a competitive procurement process upon the expiration or termination of our contract, assuming all renewal options are exercised. Our determination of which contracts we believe will be competitively re-bid may in some cases be subjective and judgmental, based largely on our knowledge of the dynamics involving a particular contract, the customer and the facility involved. Competitive re-bids may result from the expiration of the term of a contract, including the initial fixed term plus any renewal periods, or the early termination of a contract by a customer. Competitive re-bids are often required by applicable federal or state procurement laws periodically in order to encourage competitive pricing and other terms for the government customer. Potential bidders in competitive re-bid situations include us, other private operators and other government entities. While we are pleased with our historical win rate on competitive re-bids and are committed to continuing to bid competitively on appropriate future competitive re-bid opportunities, we cannot in fact assure you that we will prevail in future competitive re-bid situations. Also, we cannot assure you that any competitive re-bids we win will be on terms more favorable to us than those in existence with respect to the expiring contract.

As of January 3, 2010, six of our facility management contracts representing 9.1% and \$103.4 million of our fiscal year 2009 consolidated revenues are subject to competitive re-bid in 2010. The following table sets forth the number of facility management contracts that we currently believe will be subject to competitive re-bid in each of the next five years and thereafter, and the total number of beds relating to those potential competitive re-bid situations during each period:

<u>Year</u>	<u>Re-bid</u>	<u>Total Number of Beds up for Re-bid</u>
2010	6	5,537
2011	6	4,119
2012	4	3,122
2013	1	178
2014	2	2,275
Thereafter	22	21,334
Total	41	36,565

Competition

We compete primarily on the basis of the quality and range of services we offer; our experience domestically and internationally in the design, construction, and management of privatized correctional and detention facilities; our reputation; and our pricing. We compete directly with the public sector, where governmental agencies responsible for the operation of correctional, detention and mental health and residential treatment facilities are often seeking to retain projects that might otherwise be privatized. In the private sector, our U.S. corrections and International services business segments compete with a number of companies, including, but not limited to: Corrections Corporation of America; Cornell Companies, Inc.; Management and Training Corporation; Louisiana Corrections Services, Inc.; Emerald Companies; Community Education Centers; LaSalle Corrections; Group 4 Securicor; Kaylx; and Serco. Our GEO Care business segment competes with a number of different small-to-medium sized companies, reflecting the highly fragmented nature of the mental health and residential treatment services industry. Some of our competitors are larger and have more resources than we do. We also compete in some markets with small local companies that may have a better knowledge of the local conditions and may be better able to gain political and public acceptance.

Employees and Employee Training

At January 3, 2010, we had 13,026 full-time employees. Of our full-time employees, 248 were employed at our headquarters and regional offices and 12,778 were employed at facilities and international offices. We employ management, administrative and clerical, security, educational services, health services and general maintenance personnel at our various locations. Approximately 623 and 1,860 employees are covered by collective bargaining agreements in the United States and at international offices, respectively. We believe that our relations with our employees are satisfactory.

Under the laws applicable to most of our operations, and internal company policies, our correctional officers are required to complete a minimum amount of training. We generally require at least 40 hours of pre-service training before an employee is allowed to assume their duties plus an additional 120 hours of training during their first year of employment in our domestic facilities, consistent with ACA standards and/or applicable state laws. In addition to the usual 160 hours of training in the first year, most states require 40 or 80 hours of on-the-job training. Florida law requires that correctional officers receive 520 hours of training. We believe that our training programs meet or exceed all applicable requirements.

Our training program for domestic facilities typically begins with approximately 40 hours of instruction regarding our policies, operational procedures and management philosophy. Training continues with an additional 120 hours of instruction covering legal issues, rights of inmates, techniques of communication and supervision, interpersonal skills and job training relating to the particular position to be held. Each of our employees who has contact with inmates receives a minimum of 40 hours of additional training each year, and each manager receives at least 24 hours of training each year.

At least 160 hours of training are required for our employees in Australia and South Africa before such employees are allowed to work in positions that will bring them into contact with inmates. Our employees in Australia and South Africa receive a minimum of 40 hours of refresher training each year. In the United Kingdom, our corrections employees also receive a minimum of 240 hours prior to coming in contact with inmates and receive additional training of approximately 25 hours annually.

Business Regulations and Legal Considerations

Many governmental agencies are required to enter into a competitive bidding procedure before awarding contracts for products or services. The laws of certain jurisdictions may also require us to award subcontracts on a competitive basis or to subcontract or partner with businesses owned by women or members of minority groups.

Certain states, such as Florida, deem correctional officers to be peace officers and require our personnel to be licensed and subject to background investigation. State law also typically requires correctional officers to meet certain training standards.

The failure to comply with any applicable laws, rules or regulations or the loss of any required license could have a material adverse effect on our business, financial condition and results of operations. Furthermore, our current and future operations may be subject to additional regulations as a result of, among other factors, new statutes and regulations and changes in the manner in which existing statutes and regulations are or may be interpreted or applied. Any such additional regulations could have a material adverse effect on our business, financial condition and results of operations.

Insurance

The nature of our business exposes us to various types of third-party legal claims, including, but not limited to, civil rights claims relating to conditions of confinement and/or mistreatment, sexual misconduct claims brought by prisoners or detainees, medical malpractice claims, claims relating to employment matters (including, but not limited to, employment discrimination claims, union grievances and wage and hour claims), property loss claims, environmental claims, automobile liability claims, contractual claims and claims for personal injury or other damages resulting from contact with our facilities, programs, personnel or prisoners, including damages arising from a prisoner's escape or from a disturbance or riot at a facility. In addition, our management contracts generally require us to indemnify the governmental agency against any damages to which the governmental agency may be subject in connection with such claims or litigation. We maintain a broad program of insurance coverage for these general types of claims, except for claims relating to employment matters, for which we carry no insurance. There can be no assurance that our insurance coverage will be adequate to cover all claims to which we may be exposed.

We currently maintain a general liability policy and excess liability policy for all U.S. corrections operations with limits of \$62.0 million per occurrence and in the aggregate. A separate \$35.0 million limit applies to medical professional liability claims arising out of correctional healthcare services. Our wholly owned subsidiary, GEO Care, is insured under their own program for general liability and medical professional liability with a specific loss limit of \$35.0 million per occurrence and in the aggregate. We are uninsured for any claims in excess of these limits. For most casualty insurance policies, we carry substantial deductibles or self-insured retentions — \$3.0 million per occurrence for general liability and hospital professional liability, \$2.0 million per occurrence for workers' compensation and \$1.0 million per occurrence for automobile liability. We also maintain insurance to cover property and other casualty risks including, workers' compensation, environmental liability and automobile liability.

With respect to our operations in South Africa, United Kingdom and Australia, we utilize a combination of locally-procured insurance and global policies to meet contractual insurance requirements and protect the Company. Our Australian subsidiary is required to carry tail insurance on a general liability policy providing an extended reporting period through 2011 related to a discontinued contract.

In addition, certain of our facilities located in Florida and determined by insurers to be in high-risk hurricane areas carry substantial windstorm deductibles. Since hurricanes are considered unpredictable future events, no reserves have been established to pre-fund for potential windstorm damage. Limited commercial availability of certain types of insurance relating to windstorm exposure in coastal areas and earthquake exposure mainly in California may prevent us from insuring some of our facilities to full replacement value.

Of the reserves discussed above, our most significant insurance reserves relate to workers' compensation and general liability claims. These reserves are undiscounted and were \$27.2 million and \$25.5 million as of January 3, 2010 and December 28, 2008, respectively. We use statistical and actuarial methods to estimate amounts for claims that have been reported but not paid and claims incurred but not reported. In applying these methods and assessing their results, we consider such factors as historical frequency and severity of claims at each of our facilities, claim development, payment patterns and changes in the nature of our business, among other factors. Such factors are analyzed for each of our business segments. Our estimates may be impacted by such factors as increases in the market price for medical services and unpredictability of the

size of jury awards. We also may experience variability between our estimates and the actual settlement due to limitations inherent in the estimation process, including our ability to estimate costs of processing and settling claims in a timely manner as well as our ability to accurately estimate our exposure at the onset of a claim. Because we have high deductible insurance policies, the amount of our insurance expense is dependent on our ability to control claims experience. If actual losses related to insurance claims significantly differ from estimates, our financial condition, results of operations and cash flows could be materially impacted.

International Operations

Our international operations for fiscal years 2009 and 2008 consisted of the operations of our wholly-owned Australian subsidiaries, our wholly owned subsidiary in the United Kingdom, and South African Custodial Management Pty. Limited, our consolidated joint venture in South Africa, which we refer to as SACM. In Australia, our wholly-owned subsidiary, GEO Australia, currently manages five facilities and provides comprehensive healthcare services to nine government operated prisons. We operate one facility in South Africa through SACM. During Fourth Quarter 2004, we opened an office in the United Kingdom to pursue new business opportunities throughout Europe. On March 6, 2006, we were awarded a contract to manage the operations of the 198-bed Campsfield House in Kidlington, England and on June 29, 2009, GEO UK assumed management functions of the 260-bed Harmondsworth Immigration Removal Centre in London, England. The Centre will be expanded by 360 beds during fiscal year 2010 and will be managed by our subsidiary under a three-year contract. See Item 7 for more discussion related to the results of our international operations. Financial information about our operations in different geographic regions appears in "Item 8. Financial Statements — Note 17 Business Segment and Geographic Information."

Business Concentration

Except for the major customers noted in the following table, no other single customer made up greater than 10% of our consolidated revenues, excluding discontinued operations, for these years.

<u>Customer</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
Various agencies of the U.S. Federal Government	31%	28%	27%
Various agencies of the State of Florida	16%	17%	16%

Available Information

Additional information about us can be found at www.geogroup.com. We make available on our website, free of charge, access to our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, our annual proxy statement on Schedule 14A and amendments to those materials filed or furnished pursuant to Section 13(a) or 15(d) of the Securities and Exchange Act of 1934 as soon as reasonably practicable after we electronically submit such materials to the Securities and Exchange Commission, or the SEC. In addition, the SEC makes available on its website, free of charge, reports, proxy and information statements, and other information regarding issuers that file electronically with the SEC, including GEO. The SEC's website is located at <http://www.sec.gov>. Information provided on our website or on the SEC's website is not part of this Annual Report on Form 10-K.

Item 1A. Risk Factors

The following are certain risks to which our business operations are subject. Any of these risks could materially adversely affect our business, financial condition, or results of operations. These risks could also cause our actual results to differ materially from those indicated in the forward-looking statements contained herein and elsewhere.

Risks Related to Our High Level of Indebtedness

We are currently incurring significant indebtedness in connection with substantial ongoing capital expenditures. Capital expenditures for these existing and future projects may materially strain our liquidity.

As of January 3, 2010, we were in the process of constructing or expanding three facilities representing 4,325 total beds. We are providing the financing for two of the three facilities representing 2,325 beds. Remaining capital expenditures related to these and other projects under development are expected to be \$37.7 million, all of which we expect to spend in 2010. We intend to finance these and future projects using our own funds, including cash on hand, cash flow from operations and borrowings under our \$330.0 million Revolver. As of January 3, 2010, we had \$47.5 million outstanding in letters of credit and \$58.0 million in borrowings outstanding under the Revolver. Consequently, we had the ability to borrow approximately \$217 million under our Revolver after considering our debt covenants. In addition, we have an ability to borrow \$200.0 million under the accordion feature of our Senior Credit Facility subject to lender demand and prevailing market conditions. While we believe we currently have adequate borrowing capacity under our Senior Credit Facility to fund all of our committed capital expenditure projects, we may need additional borrowings or financing from other sources in order to complete potential capital expenditures related to new projects in the future. We cannot assure you that such borrowings or financing will be made available to us on satisfactory terms, or at all. In addition, the large capital commitments that these projects will require over the next 12-18 month period may materially strain our liquidity and our borrowing capacity for other purposes. Capital constraints caused by these projects may also cause us to have to entirely refinance our existing indebtedness or incur more indebtedness. Such financing may have terms less favorable than those we currently have in place, or not be available to us at all. In addition, the concurrent development of these and other large capital projects exposes us to material risks. For example, we may not complete some or all of the projects on time or on budget, which could cause us to absorb any losses associated with any delays.

Our significant level of indebtedness could adversely affect our financial condition and prevent us from fulfilling our debt service obligations.

We have a significant amount of indebtedness. Our total consolidated long-term indebtedness as of January 3, 2010 was \$457.5 million, excluding non-recourse debt of \$112.0 million and capital lease liability balances of \$15.1 million. We had the ability to borrow approximately \$217 million under the Revolver, after considering our debt covenants, subject to our satisfying the relevant borrowing conditions under the Senior Credit Facility with respect to the incurrence of additional indebtedness.

Our substantial indebtedness could have important consequences. For example, it could:

- require us to dedicate a substantial portion of our cash flow from operations to payments on our indebtedness, thereby reducing the availability of our cash flow to fund working capital, capital expenditures, and other general corporate purposes;
- limit our flexibility in planning for, or reacting to, changes in our business and the industry in which we operate;
- increase our vulnerability to adverse economic and industry conditions;
- place us at a competitive disadvantage compared to competitors that may be less leveraged; and
- limit our ability to borrow additional funds or refinance existing indebtedness on favorable terms.

If we are unable to meet our debt service obligations, we may need to reduce capital expenditures, restructure or refinance our indebtedness, obtain additional equity financing or sell assets. We may be unable to restructure or refinance our indebtedness, obtain additional equity financing or sell assets on satisfactory terms or at all. In addition, our ability to incur additional indebtedness will be restricted by the terms of our Senior Credit Facility and the indenture governing our outstanding 7³/₄% Senior Notes.

Despite current indebtedness levels, we may still incur more indebtedness, which could further exacerbate the risks described above. Future indebtedness issued pursuant to our universal shelf registration statement could have rights superior to those of our existing or future indebtedness.

The terms of the indenture governing the 7³/₄% Senior Notes and our Senior Credit Facility restrict our ability to incur but do not prohibit us from incurring significant additional indebtedness in the future. As of January 3, 2010, we had the ability to borrow approximately \$217 million under the Revolver, subject to our satisfying the relevant borrowing conditions under the Senior Credit Facility and the indenture governing the 7³/₄% Senior Notes. We also have an ability to borrow an additional \$200.0 million under the accordion feature of our Senior Credit Facility subject to lender demand, prevailing market conditions and satisfying relevant borrowing conditions. Also, we may refinance all or a portion of our indebtedness, including borrowings under our Senior Credit Facility and/or the 7³/₄% Senior Notes. The terms of such refinancing may be less restrictive and permit us to incur more indebtedness than we can now. If new indebtedness is added to our, and our subsidiaries', current debt levels, the related risks that we, and they, would face related to our level of indebtedness could intensify.

The covenants in the indenture governing our 7³/₄% Senior Notes and our Senior Credit Facility impose significant operating and financial restrictions which may adversely affect our ability to operate our business.

The indenture governing the 7³/₄% Senior Notes and our Senior Credit Facility impose significant operating and financial restrictions on us and certain of our subsidiaries, which we refer to as restricted subsidiaries. These restrictions limit our ability to, among other things:

- incur additional indebtedness;
- pay dividends and or distributions on our capital stock, repurchase, redeem or retire our capital stock, prepay subordinated indebtedness, make investments;
- issue preferred stock of subsidiaries;
- guarantee other indebtedness;
- create liens on our assets;
- transfer and sell assets;
- make capital expenditures above certain limits;
- create or permit restrictions on the ability of our restricted subsidiaries to make dividends or make other distributions to us;
- enter into sale/leaseback transactions;
- enter into transactions with affiliates; and
- merge or consolidate with another company or sell all or substantially all of our assets.

These restrictions could limit our ability to finance our future operations or capital needs, make acquisitions or pursue available business opportunities. In addition, our Senior Credit Facility requires us to maintain specified financial ratios and satisfy certain financial covenants, including maintaining our total leverage ratio, maximum senior secured leverage ratio and a minimum interest coverage ratio. Some of these financial ratios become more restrictive over the life of the Senior Credit Facility. We may be required to take action to reduce our indebtedness or to act in a manner contrary to our business objectives to meet these ratios and satisfy these covenants. We could also incur additional indebtedness having even more restrictive covenants. Our failure to comply with any of the covenants under our Senior Credit Facility and the indenture governing the 7³/₄% Senior Notes, or any other indebtedness, could prevent us from being able to draw on our Revolver, cause an event of default under such documents and result in an acceleration of all of our outstanding indebtedness. If all of our outstanding indebtedness were to be accelerated, we likely would not be

able to simultaneously satisfy all of our obligations under such indebtedness, which would materially adversely affect our financial condition and results of operations.

Servicing our indebtedness will require a significant amount of cash. Our ability to generate cash depends on many factors beyond our control.

Our ability to make payments on our indebtedness and to fund planned capital expenditures will depend on our ability to generate cash in the future. This, to a certain extent, is subject to general economic, financial, competitive, legislative, regulatory and other factors that are beyond our control.

Our business may not be able to generate sufficient cash flow from operations or future borrowings may not be available to us under our Senior Credit Facility or otherwise in an amount sufficient to enable us to pay our indebtedness or new debt securities, or to fund our other liquidity needs. We may need to refinance all or a portion of our indebtedness on or before maturity. However, we may not be able to complete such refinancing on commercially reasonable terms or at all.

Because portions of our senior indebtedness have floating interest rates, a general increase in interest rates will adversely affect cash flows.

Borrowings under our Senior Credit Facility bear interest at a variable rate. As a result, to the extent our exposure to increases in interest rates is not eliminated through interest rate protection agreements, such increases will result in higher debt service costs which will adversely affect our cash flows. We do not currently have any interest rate protection agreements in place to protect against interest rate fluctuations related to our Senior Credit Facility. Based on borrowings of \$213.0 million outstanding under the Senior Credit Facility as of January 3, 2010, a one percent increase in the interest rate applicable to the Senior Credit Facility, would increase our annual interest expense by \$2.1 million.

We depend on distributions from our subsidiaries to make payments on our indebtedness. These distributions may not be made.

We generate a substantial portion of our revenues from distributions on the equity interests we hold in our subsidiaries. Therefore, our ability to meet our payment obligations on our indebtedness is substantially dependent on the earnings of our subsidiaries and the payment of funds to us by our subsidiaries as dividends, loans, advances or other payments. Our subsidiaries are separate and distinct legal entities and, unless they expressly guarantee any indebtedness of ours, they are not obligated to make funds available for payment of our other indebtedness in the form of loans, distributions or otherwise. Our subsidiaries' ability to make any such loans, distributions or other payments to us will depend on their earnings, business results, the terms of their existing and any future indebtedness, tax considerations and legal or contractual restrictions to which they may be subject. If our subsidiaries do not make such payments to us, our ability to repay our indebtedness may be materially adversely affected. For the fiscal year ended January 3, 2010, our subsidiaries accounted for 50.1% of our consolidated revenue, and, as of January 3, 2010, our subsidiaries accounted for 59.0% of our total segment assets.

Risks Related to Our Business and Industry

We do not have management contracts with clients to operate new beds at two facilities that we are currently expanding and cannot assure you that such contracts will be obtained. Failure to obtain management contracts for these new beds will subject us to carrying costs with no corresponding management revenue.

We are currently in the process of expanding two facilities to add additional beds that we do not yet have corresponding management contracts to operate. While we are working diligently with a number of different customers for the use of these remaining beds, we cannot in fact assure you that contracts for the beds will be secured on a timely basis, or at all. While these facilities are vacant, we estimate that we will incur carrying costs ranging from approximately \$1.0 million to \$1.5 million per facility, per fiscal quarter. Failure to secure management contracts for these projects could have a material adverse impact on our financial condition,

results of operations and/or cash flows. In addition, in order to secure management contracts for these expanded beds, we may need to incur significant capital expenditures to renovate or further expand these facilities to meet potential clients' needs.

The prevailing negative conditions in the capital markets could prevent us from obtaining financing, which could materially harm our business.

Our ability to obtain additional financing is highly dependent on the conditions of the capital markets, among other things. The capital and credit markets have recently been experiencing significant volatility and disruption. The recent downturn in the equity and debt markets, the tightening of the credit markets, the general economic slowdown and other macroeconomic conditions, such as the current global recession could prevent us from raising additional capital or obtaining additional financing on satisfactory terms, or at all. If we need, but cannot obtain adequate capital as a result of negative conditions in the capital markets or otherwise, our business, results of operations and financial condition could be materially adversely affected. Additionally, such inability to obtain capital could prevent us from pursuing attractive business development opportunities, including new facility constructions or expansions of existing facilities, and business or asset acquisitions.

We are subject to the loss of our facility management contracts, due to terminations, non-renewals or competitive re-bids, which could adversely affect our results of operations and liquidity, including our ability to secure new facility management contracts from other government customers.

We are exposed to the risk that we may lose our facility management contracts primarily due to one of three reasons: the termination by a government customer with or without cause at any time; the failure by a customer to exercise its unilateral option to renew a contract with us upon the expiration of the then current term; or our failure to win the right to continue to operate under a contract that has been competitively re-bid in a procurement process upon its termination or expiration. Our facility management contracts typically allow a contracting governmental agency to terminate a contract with or without cause at any time by giving us written notice ranging from 30 to 180 days. If government agencies were to use these provisions to terminate, or renegotiate the terms of their agreements with us, our financial condition and results of operations could be materially adversely affected.

Aside from our customers' unilateral right to terminate our facility management contracts with them at any time for any reason, there are two points during the typical lifecycle of a contract which may result in the loss by us of a facility management contract with our customers. We refer to these points as contract "renewals" and contract "re-bids." Many of our facility management contracts with our government customers have an initial fixed term and subsequent renewal rights for one or more additional periods at the unilateral option of the customer. We count each government customer's right to renew a particular facility management contract for an additional period as a separate "renewal." For example, a five-year initial fixed term contract with customer options to renew for five separate additional one-year periods would, if fully exercised, be counted as five separate renewals, with one renewal coming in each of the five years following the initial term. As of January 3, 2010, eleven of our facility management contracts representing 10,407 beds are scheduled to expire on or before December 31, 2010, unless renewed by the customer at its sole option. These contracts represented 19.3% of our consolidated revenues for the fiscal year ended January 3, 2010. We undertake substantial efforts to renew our facility management contracts. Our historical facility management contract renewal rate exceeds 90%. However, given their unilateral nature, we cannot assure you that our customers will in fact exercise their renewal options under existing contracts. In addition, in connection with contract renewals, either we or the contracting government agency have typically requested changes or adjustments to contractual terms. As a result, contract renewals may be made on terms that are more or less favorable to us than those in existence prior to the renewals.

We define competitive re-bids as contracts currently under our management which we believe, based on our experience with the customer and the facility involved, will be re-bid to us and other potential service providers in a competitive procurement process upon the expiration or termination of our contract, assuming all renewal options are exercised. Our determination of which contracts we believe will be competitively re-

bid may in some cases be subjective and judgmental, based largely on our knowledge of the dynamics involving a particular contract, the customer and the facility involved. Competitive re-bids may result from the expiration of the term of a contract, including the initial fixed term plus any renewal periods, or the early termination of a contract by a customer. Competitive re-bids are often required by applicable federal or state procurement laws periodically in order to further competitive pricing and other terms for the government customer. Potential bidders in competitive re-bid situations include us, other private operators and other government entities. As of January 3, 2010, six of our facility management contracts representing 9.1% and \$103.4 million of our fiscal year 2009 consolidated revenues are subject to competitive re-bid in 2010. While we are pleased with our historical win rate on competitive re-bids and are committed to continuing to bid competitively on appropriate future competitive re-bid opportunities, we cannot in fact assure you that we will prevail in future re-bid situations. Also, we cannot assure you that any competitive re-bids we win will be on terms more favorable to us than those in existence with respect to the expiring contract.

For additional information on facility management contracts that we currently believe will be competitively re-bid during each of the next five years and thereafter, please see “Business — Government Contracts — Terminations, Renewals and Re-bids”. The loss by us of facility management contracts due to terminations, non-renewals or competitive re-bids could materially adversely affect our financial condition, results of operations and liquidity, including our ability to secure new facility management contracts from other government customers.

Our growth depends on our ability to secure contracts to develop and manage new correctional, detention and mental health facilities, the demand for which is outside our control.

Our growth is generally dependent upon our ability to obtain new contracts to develop and manage new correctional, detention and mental health facilities, because contracts to manage existing public facilities have not to date typically been offered to private operators. Public sector demand for new privatized facilities in our areas of operation may decrease and our potential for growth will depend on a number of factors we cannot control, including overall economic conditions, governmental and public acceptance of the concept of privatization, government budgetary constraints, and the number of facilities available for privatization.

In particular, the demand for our correctional and detention facilities and services could be adversely affected by changes in existing criminal or immigration laws, crime rates in jurisdictions in which we operate, the relaxation of criminal or immigration enforcement efforts, leniency in conviction, sentencing or deportation practices, and the decriminalization of certain activities that are currently proscribed by criminal laws or the loosening of immigration laws. For example, any changes with respect to the decriminalization of drugs and controlled substances could affect the number of persons arrested, convicted, sentenced and incarcerated, thereby potentially reducing demand for correctional facilities to house them. Similarly, reductions in crime rates could lead to reductions in arrests, convictions and sentences requiring incarceration at correctional facilities. Immigration reform laws which are currently a focus for legislators and politicians at the federal, state and local level also could materially adversely impact us. Various factors outside our control could adversely impact the growth of our GEO Care business, including government customer resistance to the privatization of mental health or residential treatment facilities, and changes to Medicare and Medicaid reimbursement programs.

We may not be able to meet state requirements for capital investment or locate land for the development of new facilities, which could adversely affect our results of operations and future growth.

Certain jurisdictions, including California, where we have a significant amount of operations, have in the past required successful bidders to make a significant capital investment in-connection with the financing of a particular project. If this trend were to continue in the future, we may not be able to obtain sufficient capital resources when needed to compete effectively for facility management contracts. Additionally, our success in obtaining new awards and contracts may depend, in part, upon our ability to locate land that can be leased or acquired under favorable terms. Otherwise desirable locations may be in or near populated areas and, therefore, may generate legal action or other forms of opposition from residents in areas surrounding a

proposed site. Our inability to secure financing and desirable locations for new facilities could adversely affect our results of operations and future growth.

We depend on a limited number of governmental customers for a significant portion of our revenues. The loss of, or a significant decrease in business from, these customers could seriously harm our financial condition and results of operations.

We currently derive, and expect to continue to derive, a significant portion of our revenues from a limited number of governmental agencies. Of our governmental clients, three customers accounted for over 50% of our consolidated revenues for the fiscal year ended January 3, 2010. In addition, the three federal governmental agencies with correctional and detention responsibilities, the Bureau of Prisons, U.S. Immigration and Customs Enforcement, which we refer to as ICE, and the U.S. Marshals Service, accounted for 30.9% of our total consolidated revenues for the fiscal year ended January 3, 2010, with the Bureau of Prisons accounting for 5.2% of our total consolidated revenues for such period, ICE accounting for 11.9% of our total consolidated revenues for such period, and the U.S. Marshals Service accounting for 13.8% of our total consolidated revenues for such period. Also, government agencies from the State of Florida accounted for 16.0% of our total consolidated revenues for the fiscal year ended January 3, 2010. The loss of, or a significant decrease in, business from the Bureau of Prisons, ICE, U.S. Marshals Service, the State of Florida or any other significant customers could seriously harm our financial condition and results of operations. We expect to continue to depend upon these federal and state agencies and a relatively small group of other governmental customers for a significant percentage of our revenues.

A decrease in occupancy levels could cause a decrease in revenues and profitability.

While a substantial portion of our cost structure is generally fixed, most of our revenues are generated under facility management contracts which provide for per diem payments based upon daily occupancy. Several of these contracts provide minimum revenue guarantees for us, regardless of occupancy levels, up to a specified maximum occupancy percentage. However, many of our contracts have no minimum revenue guarantees and simply provide for a fixed per diem payment for each inmate/detainee/patient actually housed. As a result, with respect to our contracts that have no minimum revenue guarantees and those that guarantee revenues only up to a certain specified occupancy percentage, we are highly dependent upon the governmental agencies with which we have contracts to provide inmates, detainees and patients for our managed facilities. Under a per diem rate structure, a decrease in our occupancy rates could cause a decrease in revenues and profitability. When combined with relatively fixed costs for operating each facility, regardless of the occupancy level, a material decrease in occupancy levels at one or more of our facilities could have a material adverse effect on our revenues and profitability, and consequently, on our financial condition and results of operations.

State budgetary constraints may have a material adverse impact on us.

According to the Center on Budget and Policy Priorities, the imbalance between available revenues and the funding needed for services led most states to face budget gaps in fiscal year 2009. The vast majority of states also faced or are facing additional shortfalls in fiscal year 2010. At January 3, 2010, we had ten state correctional clients: Florida, Mississippi, Louisiana, Virginia, Indiana, Texas, Oklahoma, New Mexico, Arizona, and California. In response to the budget crisis, the State of California issued payment deferrals, also called promissory notes or IOU's, to pay its vendors, creditors, and employees. During our fiscal year ended 2009, we received IOU's from the State of California that totaled \$6.7 million, all of which were settled in cash by the end of our fiscal year. Although we received payment for these IOU's, we cannot assure you that any payment deferrals received in the future will be repaid timely or at all. If state budgetary constraints persist or intensify, our ten state customers' ability to pay us may be impaired and/or we may be forced to renegotiate our management contracts with those customers on less favorable terms and our financial condition, results of operations or cash flows could be materially adversely impacted. In addition, budgetary constraints at states that are not our current customers could prevent those states from outsourcing correctional, detention or mental health service opportunities that we otherwise could have pursued.

Competition for inmates may adversely affect the profitability of our business.

We compete with government entities and other private operators on the basis of cost, quality and range of services offered, experience in managing facilities, and reputation of management and personnel. Barriers to entering the market for the management of correctional and detention facilities may not be sufficient to limit additional competition in our industry. In addition, some of our government customers could assume the management of a facility currently managed by us upon the termination of the corresponding management contract or, if such customers have capacity at the facilities which they operate, they may take inmates currently housed in our facilities and transfer them to government operated facilities. Since we are paid on a per diem basis with no minimum guaranteed occupancy under some of our contracts, the loss of such inmates and resulting decrease in occupancy could cause a decrease in both our revenues and our profitability.

We are dependent on government appropriations, which may not be made on a timely basis or at all and may be adversely impacted by budgetary constraints at the federal, state and local levels.

Our cash flow is subject to the receipt of sufficient funding of and timely payment by contracting governmental entities. If the contracting governmental agency does not receive sufficient appropriations to cover its contractual obligations, it may terminate our contract or delay or reduce payment to us. Any delays in payment, or the termination of a contract, could have a material adverse effect on our cash flow and financial condition, which may make it difficult to satisfy our payment obligations on our indebtedness, including the 7³/₄% Senior Notes and the Senior Credit Facility, in a timely manner. In addition, as a result of, among other things, recent economic developments, federal, state and local governments have encountered, and may continue to encounter, unusual budgetary constraints. As a result, a number of state and local governments are under pressure to control additional spending or reduce current levels of spending which could limit or eliminate appropriations for the facilities that we operate. Additionally, as a result of these factors, we may be requested in the future to reduce our existing per diem contract rates or forego prospective increases to those rates. Budgetary limitations may also make it more difficult for us to renew our existing contracts on favorable terms or at all. Further, a number of states in which we operate are experiencing significant budget deficits for fiscal year 2010. We cannot assure that these deficits will not result in reductions in per diems, delays in payment for services rendered or unilateral termination of contracts.

Public resistance to privatization of correctional and detention facilities could result in our inability to obtain new contracts or the loss of existing contracts, which could have a material adverse effect on our business, financial condition and results of operations.

The management and operation of correctional and detention facilities by private entities has not achieved complete acceptance by either government agencies or the public. Some governmental agencies have limitations on their ability to delegate their traditional management responsibilities for such facilities to private companies and additional legislative changes or prohibitions could occur that further increase these limitations. In addition, the movement toward privatization of correctional and detention facilities has encountered resistance from groups, such as labor unions. Changes in governing political parties could also result in changes to previously established views of privatization. Increased public resistance to the privatization of correctional and detention facilities in any of the markets in which we operate, as a result of these or other factors, could have a material adverse effect on our business, financial condition and results of operations.

Our GEO Care business, which has become a material part of our consolidated revenues, poses unique risks not associated with our other businesses.

Our wholly-owned subsidiary, GEO Care, operates our mental health and residential treatment services division. This business primarily involves the delivery of quality care, innovative programming and active patient treatment at privatized state mental health facilities, jails, sexually violent offender facilities and long-term care facilities. GEO Care's business has increased substantially over the last few years, both in general and as a percentage of our overall business. For the fiscal year ended January 3, 2010, GEO Care generated \$121.8 million in revenues, representing 10.7% of our consolidated revenues from continuing operations. GEO Care's business poses several material risks unique to the operation of privatized mental

health facilities and the delivery of mental health and residential treatment services that do not exist in our core business of correctional and detention facilities management, including, but not limited to, the following:

- the concept of the privatization of the mental health and residential treatment services provided by GEO Care has not yet achieved general acceptance by either government agencies or the public, which could materially limit GEO Care's growth prospects;
- GEO Care's business is highly dependent on the continuous recruitment, hiring and retention of a substantial pool of qualified physicians, nurses and other medically trained personnel which may not be available in the quantities or locations sought, or on the employment terms offered;
- GEO Care's business model often involves taking over outdated or obsolete facilities and operating them while it supervises the construction and development of new, more updated facilities; during this transition period, GEO Care may be particularly vulnerable to operational difficulties primarily relating to or resulting from the deteriorating nature of the older existing facilities; and
- the facilities operated by GEO Care are substantially dependent on government funding, including in some cases the receipt of Medicare and Medicaid funding; the loss of such government funding for any reason with respect to any facilities operated by GEO Care could have a material adverse impact on our business.

Adverse publicity may negatively impact our ability to retain existing contracts and obtain new contracts.

Any negative publicity about an escape, riot or other disturbance or perceived poor conditions at a privately managed facility may result in publicity adverse to us and the private corrections industry in general. Any of these occurrences or continued trends may make it more difficult for us to renew existing contracts or to obtain new contracts or could result in the termination of an existing contract or the closure of one or more of our facilities, which could have a material adverse effect on our business.

We may incur significant start-up and operating costs on new contracts before receiving related revenues, which may impact our cash flows and not be recouped.

When we are awarded a contract to manage a facility, we may incur significant start-up and operating expenses, including the cost of constructing the facility, purchasing equipment and staffing the facility, before we receive any payments under the contract. These expenditures could result in a significant reduction in our cash reserves and may make it more difficult for us to meet other cash obligations, including our payment obligations on the 7³/₄% Senior Notes and the Senior Credit Facility. In addition, a contract may be terminated prior to its scheduled expiration and as a result we may not recover these expenditures or realize any return on our investment.

Failure to comply with extensive government regulation and applicable contractual requirements could have a material adverse effect on our business, financial condition or results of operations.

The industry in which we operate is subject to extensive federal, state and local regulation, including educational, environmental, health care and safety laws, rules and regulations, which are administered by many regulatory authorities. Some of the regulations are unique to the corrections industry, and the combination of regulations affects all areas of our operations. Corrections officers are customarily required to meet certain training standards and, in some instances, facility personnel are required to be licensed and are subject to background investigations. Certain jurisdictions also require us to award subcontracts on a competitive basis or to subcontract with businesses owned by members of minority groups. We may not always successfully comply with these and other regulations to which we are subject and failure to comply can result in material penalties or the non-renewal or termination of facility management contracts. In addition, changes in existing regulations could require us to substantially modify the manner in which we conduct our business and, therefore, could have a material adverse effect on us.

In addition, private prison managers are increasingly subject to government legislation and regulation attempting to restrict the ability of private prison managers to house certain types of inmates, such as inmates

from other jurisdictions or inmates at medium or higher security levels. Legislation has been enacted in several states, and has previously been proposed in the United States House of Representatives, containing such restrictions. Although we do not believe that existing legislation will have a material adverse effect on us, future legislation may have such an effect on us.

Governmental agencies may investigate and audit our contracts and, if any improprieties are found, we may be required to refund amounts we have received, to forego anticipated revenues and we may be subject to penalties and sanctions, including prohibitions on our bidding in response to Requests for Proposals, or RFPs, from governmental agencies to manage correctional facilities. Governmental agencies we contract with have the authority to audit and investigate our contracts with them. As part of that process, governmental agencies may review our performance of the contract, our pricing practices, our cost structure and our compliance with applicable laws, regulations and standards. For contracts that actually or effectively provide for certain reimbursement of expenses, if an agency determines that we have improperly allocated costs to a specific contract, we may not be reimbursed for those costs, and we could be required to refund the amount of any such costs that have been reimbursed. If a government audit asserts improper or illegal activities by us, we may be subject to civil and criminal penalties and administrative sanctions, including termination of contracts, forfeitures of profits, suspension of payments, fines and suspension or disqualification from doing business with certain governmental entities. Any adverse determination could adversely impact our ability to bid in response to RFPs in one or more jurisdictions.

In addition to compliance with applicable laws and regulations, our facility management contracts typically have numerous requirements addressing all aspects of our operations which we may not be able to satisfy. For example, our contracts require us to maintain certain levels of coverage for general liability, workers' compensation, vehicle liability, and property loss or damage. If we do not maintain the required categories and levels of coverage, the contracting governmental agency may be permitted to terminate the contract. In addition, we are required under our contracts to indemnify the contracting governmental agency for all claims and costs arising out of our management of facilities and, in some instances, we are required to maintain performance bonds relating to the construction, development and operation of facilities. Facility management contracts also typically include reporting requirements, supervision and on-site monitoring by representatives of the contracting governmental agencies. Failure to properly adhere to the various terms of our customer contracts could expose us to liability for damages relating to any breaches as well as the loss of such contracts, which could materially adversely impact us.

We may face community opposition to facility location, which may adversely affect our ability to obtain new contracts.

Our success in obtaining new awards and contracts sometimes depends, in part, upon our ability to locate land that can be leased or acquired, on economically favorable terms, by us or other entities working with us in conjunction with our proposal to construct and/or manage a facility. Some locations may be in or near populous areas and, therefore, may generate legal action or other forms of opposition from residents in areas surrounding a proposed site. When we select the intended project site, we attempt to conduct business in communities where local leaders and residents generally support the establishment of a privatized correctional or detention facility. Future efforts to find suitable host communities may not be successful. In many cases, the site selection is made by the contracting governmental entity. In such cases, site selection may be made for reasons related to political and/or economic development interests and may lead to the selection of sites that have less favorable environments.

Our business operations expose us to various liabilities for which we may not have adequate insurance.

The nature of our business exposes us to various types of third-party legal claims, including, but not limited to, civil rights claims relating to conditions of confinement and/or mistreatment, sexual misconduct claims brought by prisoners or detainees, medical malpractice claims, claims relating to employment matters (including, but not limited to, employment discrimination claims, union grievances and wage and hour claims), property loss claims, environmental claims, automobile liability claims, contractual claims and claims for personal injury or other damages resulting from contact with our facilities, programs, personnel or prisoners,

including damages arising from a prisoner's escape or from a disturbance or riot at a facility. In addition, our management contracts generally require us to indemnify the governmental agency against any damages to which the governmental agency may be subject in connection with such claims or litigation. We maintain insurance coverage for these general types of claims, except for claims relating to employment matters, for which we carry no insurance. However, we generally have high deductible payment requirements on our primary insurance policies, including our general liability insurance, and there are also varying limits on the maximum amount of our overall coverage. As a result, the insurance we maintain to cover the various liabilities to which we are exposed may not be adequate. Any losses relating to matters for which we are either uninsured or for which we do not have adequate insurance could have a material adverse effect on our business, financial condition or results of operations. In addition, any losses relating to employment matters could have a material adverse effect on our business, financial condition or results of operations.

We may not be able to obtain or maintain the insurance levels required by our government contracts.

Our government contracts require us to obtain and maintain specified insurance levels. The occurrence of any events specific to our company or to our industry, or a general rise in insurance rates, could substantially increase our costs of obtaining or maintaining the levels of insurance required under our government contracts, or prevent us from obtaining or maintaining such insurance altogether. If we are unable to obtain or maintain the required insurance levels, our ability to win new government contracts, renew government contracts that have expired and retain existing government contracts could be significantly impaired, which could have a material adverse effect on our business, financial condition and results of operations.

Our international operations expose us to risks which could materially adversely affect our financial condition and results of operations.

For the fiscal year ended January 3, 2010, our international operations accounted for 12.0% of our consolidated revenues from continuing operations. We face risks associated with our operations outside the United States. These risks include, among others, political and economic instability, exchange rate fluctuations, taxes, duties and the laws or regulations in those foreign jurisdictions in which we operate. In the event that we experience any difficulties arising from our operations in foreign markets, our business, financial condition and results of operations may be materially adversely affected.

We conduct certain of our operations through joint ventures, which may lead to disagreements with our joint venture partners and adversely affect our interest in the joint ventures.

We conduct our operations in South Africa through our consolidated joint venture, SACM, and through our 50% owned joint venture South African Custodial Services Pty. Limited referred to as SACS. We may enter into additional joint ventures in the future. Although we have the majority vote in our consolidated joint venture, SACM, through our ownership of 62.5% of the voting shares, we share equal voting control on all significant matters to come before SACS. These joint venture partners, as well as any future partners, may have interests that are different from ours which may result in conflicting views as to the conduct of the business of the joint venture. In the event that we have a disagreement with a joint venture partner as to the resolution of a particular issue to come before the joint venture, or as to the management or conduct of the business of the joint venture in general, we may not be able to resolve such disagreement in our favor and such disagreement could have a material adverse effect on our interest in the joint venture or the business of the joint venture in general.

We are dependent upon our senior management and our ability to attract and retain sufficient qualified personnel.

We are dependent upon the continued service of each member of our senior management team, including George C. Zoley, our Chairman and Chief Executive Officer, Wayne H. Calabrese, our Vice Chairman and President, and Brian R. Evans, our Chief Financial Officer. The unexpected loss of Dr. Zoley, Mr. Calabrese or Mr. Evans could materially adversely affect our business, financial condition or results of operations.

In addition, the services we provide are labor-intensive. When we are awarded a facility management contract or open a new facility, depending on the service we have been contracted to provide, we may need to hire operating management, correctional officers, security staff, physicians, nurses and other qualified personnel. The success of our business requires that we attract, develop and retain these personnel. Our inability to hire sufficient qualified personnel on a timely basis or the loss of significant numbers of personnel at existing facilities could have a material effect on our business, financial condition or results of operations.

Our profitability may be materially adversely affected by inflation.

Many of our facility management contracts provide for fixed management fees or fees that increase by only small amounts during their terms. While a substantial portion of our cost structure is generally fixed, if, due to inflation or other causes, our operating expenses, such as costs relating to personnel, utilities, insurance, medical and food, increase at rates faster than increases, if any, in our facility management fees, then our profitability could be materially adversely affected.

Various risks associated with the ownership of real estate may increase costs, expose us to uninsured losses and adversely affect our financial condition and results of operations.

Our ownership of correctional and detention facilities subjects us to risks typically associated with investments in real estate. Investments in real estate, and in particular, correctional and detention facilities, are relatively illiquid and, therefore, our ability to divest ourselves of one or more of our facilities promptly in response to changed conditions is limited. Investments in correctional and detention facilities, in particular, subject us to risks involving potential exposure to environmental liability and uninsured loss. Our operating costs may be affected by the obligation to pay for the cost of complying with existing environmental laws, ordinances and regulations, as well as the cost of complying with future legislation. In addition, although we maintain insurance for many types of losses, there are certain types of losses, such as losses from earthquakes, riots and acts of terrorism, which may be either uninsurable or for which it may not be economically feasible to obtain insurance coverage, in light of the substantial costs associated with such insurance. As a result, we could lose both our capital invested in, and anticipated profits from, one or more of the facilities we own. Further, even if we have insurance for a particular loss, we may experience losses that may exceed the limits of our coverage.

Risks related to facility construction and development activities may increase our costs related to such activities.

When we are engaged to perform construction and design services for a facility, we typically act as the primary contractor and subcontract with other companies who act as the general contractors. As primary contractor, we are subject to the various risks associated with construction (including, without limitation, shortages of labor and materials, work stoppages, labor disputes and weather interference) which could cause construction delays. In addition, we are subject to the risk that the general contractor will be unable to complete construction at the budgeted costs or be unable to fund any excess construction costs, even though we typically require general contractors to post construction bonds and insurance. Under such contracts, we are ultimately liable for all late delivery penalties and cost overruns.

The rising cost and increasing difficulty of obtaining adequate levels of surety credit on favorable terms could adversely affect our operating results.

We are often required to post performance bonds issued by a surety company as a condition to bidding on or being awarded a facility development contract. Availability and pricing of these surety commitments is subject to general market and industry conditions, among other factors. Recent events in the economy have caused the surety market to become unsettled, causing many reinsurers and sureties to reevaluate their commitment levels and required returns. As a result, surety bond premiums generally are increasing. If we are unable to effectively pass along the higher surety costs to our customers, any increase in surety costs could adversely affect our operating results. In addition, we may not continue to have access to surety credit or be able to secure bonds economically, without additional collateral, or at the levels required for any potential

facility development or contract bids. If we are unable to obtain adequate levels of surety credit on favorable terms, we would have to rely upon letters of credit under our Senior Credit Facility, which would entail higher costs even if such borrowing capacity was available when desired, and our ability to bid for or obtain new contracts could be impaired.

We may not be able to successfully identify, consummate or integrate acquisitions.

We have an active acquisition program, the objective of which is to identify suitable acquisition targets that will enhance our growth. The pursuit of acquisitions may pose certain risks to us. We may not be able to identify acquisition candidates that fit our criteria for growth and profitability. Even if we are able to identify such candidates, we may not be able to acquire them on terms satisfactory to us. We will incur expenses and dedicate attention and resources associated with the review of acquisition opportunities, whether or not we consummate such acquisitions. Additionally, even if we are able to acquire suitable targets on agreeable terms, we may not be able to successfully integrate their operations with ours. We may also assume liabilities in connection with acquisitions that we would otherwise not be exposed to.

Adverse developments in our relationship with our employees could adversely affect our business, financial condition or results of operations.

At January 3, 2010, approximately 19% of our workforce was covered by collective bargaining agreements. While only approximately 19% of our workforce schedule is covered by collective bargaining agreements, increases in organizational activity or any future work stoppages could have a material adverse effect on our business, financial condition, or results of operations.

Risks Related to the 7³/₄% Senior Notes

The notes and the related guarantees are effectively subordinated to our and the subsidiary guarantors' senior secured indebtedness and the indebtedness of our subsidiaries that do not guarantee the notes.

The notes and the related guarantees are unsecured and therefore will be effectively subordinated to our secured indebtedness, including borrowings under our Senior Credit Facility, to the extent of the value of the assets securing such indebtedness. As of January 3, 2010, borrowings under our Senior Credit Facility were \$213.0 million. In addition, the indenture governing the notes will allow us and the subsidiary guarantors to incur a significant amount of additional indebtedness and to secure indebtedness, including any indebtedness incurred under credit facilities. In the event we or the guarantors become the subject of a bankruptcy, liquidation, dissolution, reorganization or similar proceeding, our assets and the assets of the guarantors securing indebtedness could not be used to pay you until after all secured claims against us and the guarantors have been fully paid. In addition, the notes and the related guarantees will be effectively subordinated to all existing and future liabilities of our subsidiaries that do not guarantee the notes, including the trade payables.

We may not be able to repurchase the notes in the event of a change of control because the terms of our indebtedness or lack of funds may prevent us from doing so.

Upon a change of control, each holder of the notes will have the right to require us to repurchase their notes at 101% of their principal amount, plus accrued and unpaid interest, and, liquidated damages, if any, to the date of repurchase. The terms of the Senior Credit Facility limit our ability to repurchase the notes in the event of a change of control. Any future agreement governing any of our indebtedness may contain similar restrictions and provisions. Accordingly, it is possible that restrictions in the Senior Credit Facility or other indebtedness that may be incurred in the future will not allow the required repurchase of notes upon a change of control. Even if such repurchase is permitted by the terms of our then existing indebtedness, we may not have sufficient funds available to satisfy our repurchase obligations.

Fraudulent conveyance laws may permit courts to void the subsidiary guarantees of the notes in specific circumstances, which would interfere with the payment of the subsidiary guarantees.

Under the federal bankruptcy laws and comparable provisions of state fraudulent transfer laws, any guarantee made by any of our subsidiaries could be voided, or claims under the guarantee made by any of our subsidiaries could be subordinated to all other obligations of any such subsidiary, if the subsidiary, at the time it incurred the obligations under any guarantee:

- incurred the obligations with the intent to hinder, delay or defraud creditors; or
 - received less than reasonably equivalent value, or did not receive fair consideration, in exchange for incurring those obligations; and
- (1) was insolvent or rendered insolvent by reason of that incurrence;
 - (2) was engaged in a business or transaction for which the subsidiary's remaining assets constituted unreasonably small capital; or
 - (3) intended to incur, or believed that it would incur, debts beyond its ability to pay those debts as they mature.

In addition, any payment by that guarantor pursuant to its guarantee could be voided and required to be returned to the guarantor, or to a fund for the benefit of the creditors of the guarantor. In any such case, your right to receive payments in respect of the notes from any such guarantor would be effectively subordinated to all indebtedness and other liabilities of that guarantor.

A legal challenge to the obligations under any guarantee on fraudulent conveyance grounds could focus on any benefits received in exchange for the incurrence of those obligations. We believe that each of our subsidiaries making a guarantee received reasonably equivalent value for incurring the guarantee, but a court may disagree with our conclusion or elect to apply a different standard in making its determination. The measures of insolvency for purposes of the fraudulent transfer laws vary depending on the law applied in the proceeding to determine whether a fraudulent transfer has occurred. Generally, however, an entity would be considered insolvent if:

- the sum of its debts, including contingent liabilities, is greater than the fair saleable value of all of its assets;
- the present fair saleable value of its assets is less than the amount that would be required to pay its probable liabilities on its existing debts, including contingent liabilities, as they become absolute and mature; or
- it cannot pay its debts as they become due.

We cannot assure you, however, as to what standard a court would apply in making these determinations. If a guarantee of the notes is voided as a fraudulent conveyance or is found to be unenforceable for any other reason, you will not have a claim against the guarantor.

Risks Related to our Common Stock

Fluctuations in the stock market as well as general economic, market and industry conditions may harm the market price of our common stock.

The market price of our common stock has been subject to significant fluctuation. The market price of our common stock may continue to be subject to significant fluctuations in response to operating results and other factors, including:

- actual or anticipated quarterly fluctuations in our financial results, particularly if they differ from investors' expectations;
- changes in financial estimates and recommendations by securities analysts;

- general economic, market and political conditions, including war or acts of terrorism, not related to our business;
- actions of our competitors and changes in the market valuations, strategy and capability of our competitors;
- our ability to successfully integrate acquisitions and consolidations; and
- changes in the prospects of the privatized corrections and detention industry.

In addition, the stock market in recent years has experienced price and volume fluctuations that often have been unrelated or disproportionate to the operating performance of companies. These fluctuations, may harm the market price of our common stock, regardless of our operating results.

Future sales of our common stock in the public market could adversely affect the trading price of our common stock that we may issue and our ability to raise funds in new securities offerings.

Future sales of substantial amounts of our common stock in the public market, or the perception that such sales could occur, could adversely affect prevailing trading prices of our common stock and could impair our ability to raise capital through future offerings of equity or equity-related securities. We cannot predict the effect, if any, that future sales of shares of common stock or the availability of shares of common stock for future sale will have on the trading price of our common stock.

Various anti-takeover protections applicable to us may make an acquisition of us more difficult and reduce the market value of our common stock.

We are a Florida corporation and the anti-takeover provisions of Florida law impose various impediments to the ability of a third party to acquire control of our company, even if a change of control would be beneficial to our shareholders. In addition, provisions of our articles of incorporation may make an acquisition of us more difficult. Our articles of incorporation authorize the issuance by our Board of Directors of “blank check” preferred stock without shareholder approval. Such shares of preferred stock could be given voting rights, dividend rights, liquidation rights or other similar rights superior to those of our common stock, making a takeover of us more difficult and expensive. We also have adopted a shareholder rights plan, commonly known as a “poison pill,” which could result in the significant dilution of the proportionate ownership of any person that engages in an unsolicited attempt to take over our company and, accordingly, could discourage potential acquirers. In addition to discouraging takeovers, the anti-takeover provisions of Florida law and our articles of incorporation, as well as our shareholder rights plan, may have the impact of reducing the market value of our common stock.

Failure to maintain effective internal controls in accordance with Section 404 of the Sarbanes-Oxley Act of 2002 could have an adverse effect on our business and the trading price of our common stock.

If we fail to maintain the adequacy of our internal controls, in accordance with the requirements of Section 404 of the Sarbanes-Oxley Act of 2002, as such standards are modified, supplemented or amended from time to time, our exposure to fraud and errors in accounting and financial reporting could materially increase. Also, inadequate internal controls would likely prevent us from concluding on an ongoing basis that we have effective internal control over financial reporting in accordance with Section 404 of the Sarbanes-Oxley Act of 2002. Such failure to achieve and maintain effective internal controls could adversely impact our business and the price of our common stock.

We may issue additional debt securities that could limit our operating flexibility and negatively affect the value of our common stock.

In the future, we may issue additional debt securities which may be governed by an indenture or other instrument containing covenants that could place restrictions on the operation of our business and the execution of our business strategy in addition to the restrictions on our business already contained in the agreements governing our existing debt. In addition, we may choose to issue debt that is convertible or

exchangeable for other securities, including our common stock, or that has rights, preferences and privileges senior to our common stock. Because any decision to issue debt securities will depend on market conditions and other factors beyond our control, we cannot predict or estimate the amount, timing or nature of any future debt financings and we may be required to accept unfavorable terms for any such financings. Accordingly, any future issuance of debt could dilute the interest of holders of our common stock and reduce the value of our common stock.

Because we have no current plans to pay dividends, shareholders will benefit from an investment in our common stock only if it appreciates in value.

We currently intend to retain our future earnings, if any, to finance the further expansion and continued growth of our business and do not have any current plans to pay any cash dividends. As a result, the success of an investment in our common stock will depend upon any future appreciation in its value. There is no guarantee that our common stock will appreciate in value or even maintain the price at which shareholders purchase their shares.

Item 1B. Unresolved Staff Comments

None.

Item 2. Properties

Our corporate offices are located in Boca Raton, Florida, under a 10^{1/2}-year lease which was renewed in October 2007. The current lease has two 5-year renewal options and expires in March 2018. In addition, we lease office space for our eastern regional office in Charlotte, North Carolina; our central regional office in New Braunfels, Texas; and our western regional office in Carlsbad, California. We also lease office space in Sydney, Australia, in Sandton, South Africa, and in Berkshire, England, through our overseas affiliates to support our Australian, South African, and UK operations, respectively. We consider our office space adequate for our current operations.

See the Facilities listing under Item 1 for a list of the correctional, detention and mental health properties we own or lease in connection with our operations.

Item 3. Legal Proceedings

On September 15, 2006, a jury in an inmate wrongful death lawsuit in a Texas state court awarded a \$47.5 million verdict against us. In October 2006, the verdict was entered as a judgment against us in the amount of \$51.7 million. The lawsuit, captioned Gregorio de la Rosa, Sr., et al., v. Wackenhut Corrections Corporation, (cause no. 02-110) in the District Court, 404th Judicial District, Willacy County, Texas, is being administered under the insurance program established by The Wackenhut Corporation, our former parent company, in which we participated until October 2002. Policies secured by us under that program provide \$55.0 million in aggregate annual coverage. In October 2009, this case was settled in an amount within the insurance coverage limits and the insurer has now paid the settlement amount. On February 8, 2010, the Court of Appeals, 13th District of Texas, entered judgment dismissing the appeal and the case has been concluded.

In June 2004, we received notice of a third-party claim for property damage incurred during 2001 and 2002 at several detention facilities that our Australian subsidiary formerly operated. The claim (No. SC 656 of 2006 to be heard by the Supreme Court of the Australian Capital Territory) relates to property damage caused by detainees at the detention facilities. The notice was given by the Australian government's insurance provider and did not specify the amount of damages being sought. In August 2007, legal proceedings in this matter were formally commenced when we were served with notice of a complaint filed against us by the Commonwealth of Australia seeking damages of up to approximately AUD 18 million or \$16.2 million, plus interest. We believe that we have several defenses to the allegations underlying the litigation and the amounts sought and intend to vigorously defend our rights with respect to this matter. We have established a reserve based on our estimate of the most probable loss based on the facts and circumstances known to date and the advice of our legal counsel in connection with this matter. Although the outcome of this matter cannot be

predicted with certainty, based on information known to date and our preliminary review of the claim, we believe that, if settled unfavorably, this matter could have a material adverse effect on our financial condition, results of operations and cash flows. We are uninsured for any damages or costs that we may incur as a result of this claim, including the expenses of defending the claim.

The nature of our business exposes us to various types of claims or litigation against us, including, but not limited to, civil rights claims relating to conditions of confinement and/or mistreatment, sexual misconduct claims brought by prisoners or detainees, medical malpractice claims, claims relating to employment matters (including, but not limited to, employment discrimination claims, union grievances and wage and hour claims), property loss claims, environmental claims, automobile liability claims, indemnification claims by our customers and other third parties, contractual claims and claims for personal injury or other damages resulting from contact with our facilities, programs, personnel or prisoners, including damages arising from a prisoner's escape or from a disturbance or riot at a facility. Except as otherwise disclosed above, we do not expect the outcome of any pending claims or legal proceedings to have a material adverse effect on our financial condition, results of operations or cash flows.

During the fourth fiscal quarter of 2009, the Internal Revenue Service (IRS) completed its examination of our U.S. federal income tax returns for the years 2002 through 2005. Following the examination, the IRS notified us that it proposes to disallow a deduction that we realized during the 2005 tax year. We have appealed this proposed disallowed deduction with the IRS's appeals division and believe we have valid defenses to the IRS's position. However, if the disallowed deduction were to be sustained on appeal, it could result in a potential tax exposure of up to \$15.4 million. We believe in the merits of our position and intend to defend our rights vigorously, including our rights to litigate the matter if it cannot be resolved favorably at the IRS's appeals level. If this matter is resolved unfavorably, it may have a material adverse effect on our financial position, results of operations and cash flows.

Item 4. *Submission of Matters to a Vote of Security Holders*

No matters were submitted to a vote of our shareholders during the quarter ended January 3, 2010.

PART II

Item 5. Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities

Our common stock trades on the New York Stock Exchange under the symbol "GEO." The following table shows the high and low prices for our common stock, as reported by the New York Stock Exchange, for each of the four quarters of fiscal years 2009 and 2008. The prices shown have been rounded to the nearest \$1/100. The approximate number of shareholders of record as of February 16, 2010 is 113, which includes shares held in street name.

Quarter	2009		2008	
	High	Low	High	Low
First	\$ 19.25	\$ 11.18	\$ 28.71	\$ 22.01
Second	18.56	13.06	29.48	22.10
Third	20.56	17.22	26.96	18.00
Fourth	22.41	19.75	21.62	12.65

We did not buy back any of our common stock during 2009 or 2008. We did not pay any cash dividends on our common stock for fiscal years 2009 and 2008. Future dividends, if any, will depend, on our future earnings, our capital requirements, our financial condition and on such other factors as our Board of Directors may take into consideration. On February 22, 2010, we announced that our Board of Directors approved a stock repurchase program for up to \$80.0 million of GEO common stock effective through March 31, 2011. See the Liquidity and Capital Resources section in "Item 7 of Management's Discussion and Analysis" for further description of our stock repurchase program. In addition to these factors, the indenture governing our \$250.0 million 7³/₄% Senior Notes, and our Senior Credit Facility also place material restrictions on our ability to pay dividends. See the Liquidity and Capital Resources section in "Item 7 of Management's Discussion and Analysis" and Note 13-Debt in "Item 8—Financial Statements and Supplementary Data", for further description of these restrictions.

Equity Compensation Plan Information

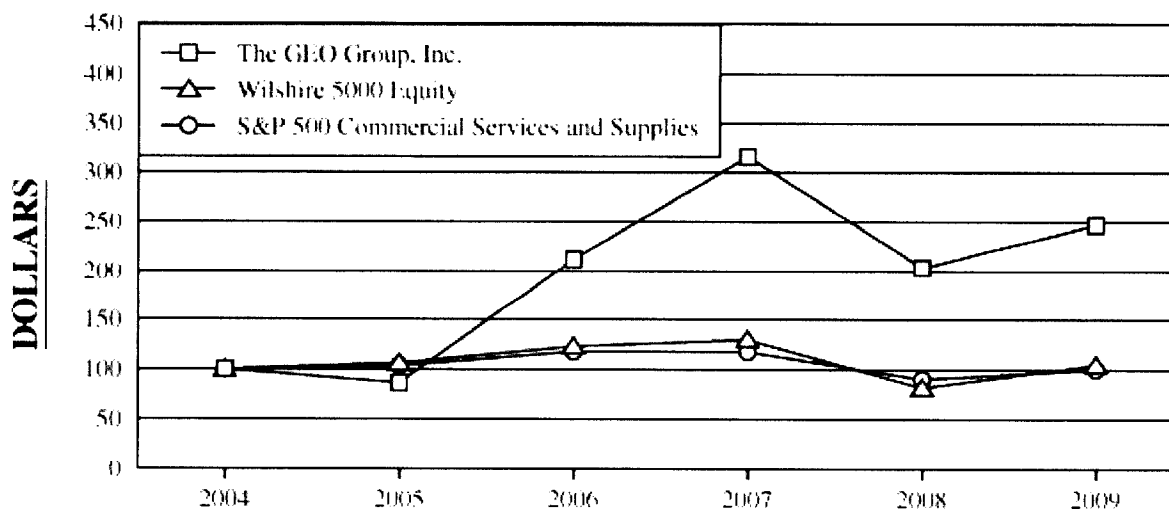
The following table sets forth information about our common stock that may be issued upon the exercise of options, warrants and rights under all of our equity compensation plans as of January 3, 2010, including our 1994 Second Stock Option Plan, our 1999 Stock Option Plan, our 2006 Stock Incentive Plan and our 1995 Non-Employee Director Stock Option Plan. Our shareholders have approved all of these plans.

Plan Category	(a)	(b)	(c)
	Number of Securities to be Issued Upon Exercise of Outstanding Options, Warrants and Rights	Weighted-Average Exercise Price of Outstanding Options, Warrants and Rights	Number of Securities Remaining Available for Future Issuance Under Equity Compensation Plans (Excluding Securities Reflected in Column (a))
Equity compensation plans approved by security holders	2,806,957	\$ 10.26	553,044
Equity compensation plans not approved by security holders	—	—	—
Total	2,806,957	\$ 10.26	553,044

Performance Graph

The following performance graph compares the performance of our common stock to the New York Stock Exchange Composite Index and to an index of peer companies we selected, and is provided in accordance with Item 201(e) of Regulation S-K.

Comparison of Five-Year Cumulative Total Return*
The GEO Group, Inc., Wilshire 500 Equity, and
S&P 500 Commercial Services and Supplies Indexes
(Performance through January 3, 2010)



Date	The GEO Group, Inc.	Wilshire 500 Equity	S&P 500 Commercial Services and Supplies
December 31, 2004	\$ 100.00	\$ 100.00	\$ 100.00
December 31, 2005	\$ 86.27	\$ 106.38	\$ 103.49
December 31, 2006	\$ 211.74	\$ 123.16	\$ 117.83
December 31, 2007	\$ 316.03	\$ 130.07	\$ 117.71
December 31, 2008	\$ 203.50	\$ 81.64	\$ 90.28
December 31, 2009	\$ 246.95	\$ 104.74	\$ 100.08

Assumes \$100 invested on December 31, 2004 in our common stock and the Index companies.

* Total return assumes reinvestment of dividends.

Item 6. Selected Financial Data

The selected consolidated financial data should be read in conjunction with our consolidated financial statements and the notes to the consolidated financial statements (in thousands, except per share data).

Fiscal Year Ended:(1)	2009		2008		2007		2006		2005						
Results of Continuing Operations:															
Revenues	\$	1,141,090	100.0%	\$	1,043,006	100.0%	\$	976,299	100.0%	\$	818,439	100.0%	\$	580,440	100.0%
Operating income from continuing operations		135,188	11.8%		113,790	10.9%		90,086	9.2%		60,401	7.4%		5,742	1.2%
Income from continuing operations	\$	66,300	5.8%	\$	61,453	5.9%	\$	38,089	3.9%	\$	28,000	3.4%	\$	5,183	0.9%
Income from continuing operations per common share:															
Basic:	\$	1.30		\$	1.22		\$	0.80		\$	0.81		\$	0.18	
Diluted:	\$	1.28		\$	1.19		\$	0.77		\$	0.78		\$	0.17	
Weighted Average Shares Outstanding:															
Basic		50,879			50,539			47,727			34,442			28,740	
Diluted		51,922			51,830			49,192			35,744			30,030	
Financial Condition:															
Current assets	\$	279,634		\$	281,920		\$	264,518		\$	322,754		\$	229,292	
Current liabilities		177,448			185,926			186,432			173,703			136,519	
Total assets		1,447,818			1,288,621			1,192,634			743,453			639,511	
Long-term debt, including current portion (excluding non-recourse debt and capital leases)		457,538			382,126			309,273			154,259			220,004	
Total Shareholders' equity	\$	665,098		\$	579,597		\$	529,347		\$	249,907		\$	110,434	
Operational Data:															
Contracts/awards		72			76			73			69			56	
Facilities in operation		57			59			57			56			54	
Capacity of contracts		52,772			53,364			47,913			46,460			46,177	
Compensated mandays(2)		17,332,696			15,946,932			15,026,626			13,778,031			10,911,886	

- (1) Our fiscal year ends on the Sunday closest to the calendar year end. The fiscal year ended January 3, 2010 contained 53 weeks.
- (2) Compensated resident days are calculated as follows: (a) for per diem rate facilities — the number of beds occupied by residents on a daily basis during the fiscal year; and (b) for fixed rate facilities — the capacity of the facility multiplied by the number of days the facility was in operation during the fiscal year.

Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations

Introduction

The following discussion and analysis provides information which management believes is relevant to an assessment and understanding of our consolidated results of operations and financial condition. This discussion contains forward-looking statements that involve risks and uncertainties. Our actual results may differ materially from those anticipated in these forward-looking statements as a result of numerous factors including, but not limited to, those described above under "Item 1A. Risk Factors," and "Forward-Looking Statements — Safe Harbor" below. The discussion should be read in conjunction with the consolidated financial statements and notes thereto.

We are a leading provider of government-outsourced services specializing in the management of correctional, detention and mental health and residential treatment facilities in the United States, Australia, South Africa, the United Kingdom and Canada. We operate a broad range of correctional and detention facilities including maximum, medium and minimum security prisons, immigration detention centers,

minimum security detention centers and mental health and residential treatment facilities. Our correctional and detention management services involve the provision of security, administrative, rehabilitation, education, health and food services, primarily at adult male correctional and detention facilities. Our mental health and residential treatment services involve the delivery of quality care, innovative programming and active patient treatment, primarily at privatized state mental health facilities. We also develop new facilities based on contract awards, using our project development expertise and experience to design facilities, construct and finance what we believe are state-of-the-art facilities that maximize security and efficiency.

As of the fiscal year ended January 3, 2010, we managed 57 facilities totaling approximately 52,800 beds worldwide and had an additional 4,325 beds under development at three facilities, including an expansion and renovation of one vacant facility which we own, the expansion of one facility we currently own and operate and a new 2,000-bed facility which we will manage upon completion. For the fiscal year ended January 3, 2010, we had consolidated revenues of \$1.1 billion and we maintained an average companywide facility occupancy rate of 94.6%.

Contract Awards and Facility Activations

On March 29, 2009, we completed the intake of 192 detainees in the expansion of the 576-bed Robert A. Deyton Detention Facility in Lovejoy, Georgia. We manage this facility under a 20-year contract, inclusive of three five-year option periods, with the Office of the Federal Detention Trustee. We lease this facility from Clayton County under a 20-year agreement, with two five-year renewal options and house detainees under custody of the United States Marshals Service.

In April 2009, GEO Australia, our wholly owned subsidiary, was awarded a new contract by the New South Wales, Department of Corrective Services for the continued management and operation of the 790-bed Junee Correctional Centre. GEO Australia has managed this minimum-to-medium security center since its opening in 1993. The new contract has a term of 15 years, inclusive of renewal options.

On April 23, 2009, we announced a contract award by ICE for the continued management of the Broward Transition Center, which we own, located in Deerfield Beach, Florida. The new contract has an initial term of one year, effective April 1, 2009, with four one-year renewal option periods. Under the terms of the new agreement, the contract capacity at this detention center was increased from 600 to 700 beds, and the transportation responsibilities will be expanded.

Also in April 2009, we opened the new \$62.0 million Florida Civil Commitment Center replacement facility in Arcadia, Florida, which we refer to as FCCC. The new facility has a capacity of 720 residents, and it was specifically designed to provide treatment services to sexually violent predators in a highly secure facility. FCCC is operated by GEO Care, our wholly-owned subsidiary, under a management contract with the Florida Department of Children and Families.

On May 4, 2009, we announced that we executed a contract with Bexar County, Texas Commissioners' Court for the continued operation of the 688-bed Central Texas Detention Facility located in San Antonio, Texas. This facility, which is owned by Bexar County, houses detainees predominately for the U.S. Marshals Service. We have managed this facility since 1988. The new contract will have a term of ten years and became effective April 29, 2009.

On June 29, 2009, we announced that our wholly owned U.K. subsidiary, GEO UK, assumed management functions at the 260-bed Harmondsworth Immigration Removal Centre located in London, England. Our subsidiary manages and operates this removal centre under a three-year contract with the United Kingdom Border Agency. Additionally, this removal centre will be expanded by 360 beds bringing its capacity to 620 beds when the expansion is completed in June 2010.

On July 1, 2009, we announced the opening of a 384-bed expansion of the 1,500-bed Graceville Correctional Facility in Graceville, Florida. We operate this correctional facility under a managed-only contract with the State of Florida Department of Management Services and completed intake of inmates during the third quarter of 2009.

On October 1, 2009, our wholly-owned Australian subsidiary announced that it had been selected by Corrective Services New South Wales to operate and manage the 823-bed Parklea Correctional Centre in Australia. The contract has a term of five years with one three-year extension option. We began operating this facility on October 31, 2009.

On October 20, 2009, we announced a contract award by ICE for the continued management of our Northwest Detention Center located in Tacoma, Washington. This detention center houses immigration detainees for ICE. The new contract has an initial term of one year effective October 24, 2009, with four one-year renewal option periods. Under the terms of the new agreement, the contract capacity at this detention center was increased from 1,030 to 1,575 beds, and the transportation responsibilities will be expanded.

Critical Accounting Policies

We believe that the accounting policies described below are critical to understanding our business, results of operations and financial condition because they involve the more significant judgments and estimates used in the preparation of our consolidated financial statements. We have discussed the development, selection and application of our critical accounting policies with the audit committee of our Board of Directors, and our audit committee has reviewed our disclosure relating to our critical accounting policies in this "Management's Discussion and Analysis of Financial Condition and Results of Operations."

Our consolidated financial statements are prepared in conformity with accounting principles generally accepted in the United States. As such, we are required to make certain estimates, judgments and assumptions that we believe are reasonable based upon the information available. These estimates and assumptions affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. We routinely evaluate our estimates based on historical experience and on various other assumptions that our management believes are reasonable under the circumstances. Actual results may differ from these estimates under different assumptions or conditions. If actual results significantly differ from our estimates, our financial condition and results of operations could be materially impacted.

Other significant accounting policies, primarily those with lower levels of uncertainty than those discussed below, are also critical to understanding our consolidated financial statements. The notes to our consolidated financial statements contain additional information related to our accounting policies and should be read in conjunction with this discussion.

Revenue Recognition

Facility management revenues are recognized as services are provided under facility management contracts with approved government appropriations based on a net rate per day per inmate or on a fixed monthly rate. Certain of our contracts have provisions upon which a portion of the revenue is based on our performance of certain targets, as defined in the specific contract. In these cases, we recognize revenue when the amounts are fixed and determinable and the time period over which the conditions have been satisfied has lapsed.

Construction revenues are recognized from our contracts with certain customers to perform construction and design services ("project development services") for various facilities. In these instances, we act as the primary developer and subcontract with bonded National and/or Regional Design Build Contractors. These construction revenues are recognized as earned on a percentage of completion basis measured by the percentage of costs incurred to date as compared to the estimated total cost for each contract. Provisions for estimated losses on uncompleted contracts and changes to cost estimates are made in the period in which we determine that such losses and changes are probable. Typically, we enter into fixed price contracts and do not perform additional work unless approved change orders are in place. Costs attributable to unapproved change orders are expensed in the period in which the costs are incurred if we believe that it is not probable that the costs will be recovered through a change in the contract price. If we believe that it is probable that the costs will be recovered through a change in the contract price, costs related to unapproved change orders are expensed in the period in which they are incurred, and contract revenue is recognized to the extent of the costs

incurred. Revenue in excess of the costs attributable to unapproved change orders is not recognized until the change order is approved. Changes in job performance, job conditions, and estimated profitability, including those arising from contract penalty provisions, and final contract settlements, may result in revisions to estimated costs and income, and are recognized in the period in which the revisions are determined. As the primary contractor, we are exposed to the various risks associated with construction, including the risk of cost overruns. Accordingly, we record our construction revenue on a gross basis and include the related cost of construction activities in Operating Expenses.

In instances where we provide project development services and subsequent management services, we evaluate these arrangements to determine if there are multiple elements that require separate accounting treatment and could result in a deferral of revenues. Generally, our arrangements result in no delivered elements at the onset of the agreement but rather these elements are delivered over the contract period as the project development and management services are performed. Project development services are not provided separately to a customer without a management contract and therefore, the value of the project development deliverable, is determined using the residual method.

Reserves for Insurance Losses

The nature of our business exposes us to various types of third-party legal claims, including, but not limited to, civil rights claims relating to conditions of confinement and/or mistreatment, sexual misconduct claims brought by prisoners or detainees, medical malpractice claims, claims relating to employment matters (including, but not limited to, employment discrimination claims, union grievances and wage and hour claims), property loss claims, environmental claims, automobile liability claims, contractual claims and claims for personal injury or other damages resulting from contact with our facilities, programs, personnel or prisoners, including damages arising from a prisoner's escape or from a disturbance or riot at a facility. In addition, our management contracts generally require us to indemnify the governmental agency against any damages to which the governmental agency may be subject in connection with such claims or litigation. We maintain a broad program of insurance coverage for these general types of claims, except for claims relating to employment matters, for which we carry no insurance. There can be no assurance that our insurance coverage will be adequate to cover all claims to which we may be exposed.

We currently maintain a general liability policy and excess liability policy for all U.S. corrections operations with limits of \$62.0 million per occurrence and in the aggregate. A separate \$35.0 million limit applies to medical professional liability claims arising out of correctional healthcare services. Our wholly owned subsidiary, GEO Care, is insured under their own program for general liability and medical professional liability with a specific loss limit of \$35.0 million per occurrence and in the aggregate. We are uninsured for any claims in excess of these limits. For most casualty insurance policies, we carry substantial deductibles or self-insured retentions — \$3.0 million per occurrence for general liability and hospital professional liability, \$2.0 million per occurrence for workers' compensation and \$1.0 million per occurrence for automobile liability. We also maintain insurance to cover property and other casualty risks including, workers' compensation, environmental liability and automobile liability.

With respect to our operations in South Africa, the United Kingdom and Australia, we utilize a combination of locally-procured insurance and global policies to meet contractual insurance requirements and protect the Company. Our Australian subsidiary is required to carry tail insurance on a general liability policy providing an extended reporting period through 2011 related to a discontinued contract.

In addition, certain of our facilities located in Florida and determined by insurers to be in high-risk hurricane areas carry substantial windstorm deductibles. Since hurricanes are considered unpredictable future events, no reserves have been established to pre-fund for potential windstorm damage. Limited commercial availability of certain types of insurance relating to windstorm exposure in coastal areas and earthquake exposure mainly in California may prevent us from insuring some of our facilities to full replacement value.

Of the reserves discussed above, our most significant insurance reserves relate to workers' compensation and general liability claims. These reserves are undiscounted and were \$27.2 million and \$25.5 million as of January 3, 2010 and December 28, 2008, respectively. We use statistical and actuarial methods to estimate

amounts for claims that have been reported but not paid and claims incurred but not reported. In applying these methods and assessing their results, we consider such factors as historical frequency and severity of claims at each of our facilities, claim development, payment patterns and changes in the nature of our business, among other factors. Such factors are analyzed for each of our business segments. Our estimates may be impacted by such factors as increases in the market price for medical services and unpredictability of the size of jury awards. We also may experience variability between our estimates and the actual settlement due to limitations inherent in the estimation process, including our ability to estimate costs of processing and settling claims in a timely manner as well as our ability to accurately estimate our exposure at the onset of a claim. Because we have high deductible insurance policies, the amount of our insurance expense is dependent on our ability to control our claims experience. If actual losses related to insurance claims significantly differ from our estimates, our financial condition, results of operations and cash flows could be materially impacted.

Income Taxes

Deferred income taxes are determined based on the estimated future tax effects of differences between the financial statement and tax basis of assets and liabilities given the provisions of enacted tax laws. Significant judgments are required to determine the consolidated provision for income taxes. Deferred income tax provisions and benefits are based on changes to the assets or liabilities from year to year. Realization of our deferred tax assets is dependent upon many factors such as tax regulations applicable to the jurisdictions in which we operate, estimates of future taxable income and the character of such taxable income. Based on our estimate of future earnings and our favorable earnings history, management currently expects full realization of the deferred tax assets net of any recorded valuation allowances. Additionally, judgment must be made as to certain tax positions which may not be fully sustained upon review by tax authorities. If actual circumstances differ from our assumptions, adjustments to the carrying value of deferred tax assets or liabilities may be required, which may result in an adverse impact on the results of our operations and our effective tax rate. Valuation allowances are recorded related to deferred tax assets based on the "more likely than not" criteria. Management has not made any significant changes to the way we account for our deferred tax assets and liabilities in any year presented in the consolidated financial statements. To the extent that the provision for income taxes increases/decreases by 1% of income before income taxes, equity in earnings of affiliate and discontinued operations, consolidated income from continuing operations would have decreased/increased by \$1.0 million, \$0.9 million and \$0.6 million, respectively, for the years ended January 3, 2010, December 28, 2008 and December 30, 2007.

Property and Equipment

As of January 3, 2010, we had \$998.6 million in long-lived property and equipment held for use. Property and equipment are stated at cost, less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. Buildings and improvements are depreciated over 2 to 40 years. Equipment and furniture and fixtures are depreciated over 3 to 10 years. Accelerated methods of depreciation are generally used for income tax purposes. Leasehold improvements are amortized on a straight-line basis over the shorter of the useful life of the improvement or the term of the lease. We perform ongoing evaluations of the estimated useful lives of the property and equipment for depreciation purposes. The estimated useful lives are determined and continually evaluated based on the period over which services are expected to be rendered by the asset. Maintenance and repairs are expensed as incurred. Interest is capitalized in connection with the construction of correctional and detention facilities. Capitalized interest is recorded as part of the asset to which it relates and is amortized over the asset's estimated useful life.

We review long-lived assets to be held and used for impairment whenever events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable. If a long-lived asset is part of a group that includes other assets, the unit of accounting for the long-lived asset is its group. Generally, we group our assets by facility for the purposes of considering whether any impairment exists. Determination of recoverability is based on an estimate of undiscounted future cash flows resulting from the use of the asset or asset group and its eventual disposition. When considering the future cash flows of a facility, we make assumptions based on historical experience with our customers, terminal growth rates and

weighted average cost of capital. While these estimates do not generally have a material impact on the impairment charges associated with managed-only facilities, the sensitivity increases significantly when considering the impairment on facilities that are either owned or leased by us. Events that would trigger an impairment assessment include deterioration of profits for a business segment that has long-lived assets, or when other changes occur that might impair recovery of long-lived assets such as the termination of a management contract. Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value less costs to sell. Measurement of an impairment loss for long-lived assets that management expects to hold and use is based on the fair value of the asset.

Impact of Future Accounting Pronouncements

The following accounting standards have implementation dates subsequent to the fiscal year ended January 3, 2010 and as such, have not yet been adopted by us:

In October 2009, the FASB issued ASU No. 2009-13 which provides amendments to revenue recognition criteria for separating consideration in multiple element arrangements. As a result of these amendments, multiple deliverable arrangements will be separated more frequently than under existing GAAP. The amendments, among other things, establish the selling price of a deliverable, replace the term fair value with selling price and eliminate the residual method so that consideration would be allocated to the deliverables using the relative selling price method. This amendment also significantly expands the disclosure requirements for multiple element arrangements. This guidance will become effective for us prospectively for revenue arrangements entered into or materially modified in fiscal years beginning on or after June 15, 2010. We do not anticipate that the adoption of this standard will have a material impact on our financial position, results of operations or cash flows.

In December 2009, the FASB issued ASU No. 2009-17, previously known as FAS No. 167, "Amendments to FASB Interpretation No. FIN 46(R)" (SFAS No. 167). ASU No. 2009-17 amends the manner in which entities evaluate whether consolidation is required for VIEs. The consolidation requirements under the revised guidance require us to consolidate a VIE if the entity has all three of the following characteristics (i) the power, through voting rights or similar rights, to direct the activities of a legal entity that most significantly impact the entity's economic performance, (ii) the obligation to absorb the expected losses of the legal entity (iii) the right to receive the expected residual returns of the legal entity. Further, this guidance requires that companies continually evaluate VIEs for consolidation, rather than assessing based upon the occurrence of triggering events. As a result of adoption, which becomes effective for interim and annual periods beginning after November 15, 2009, companies are required to enhance disclosures about how their involvement with a VIE affects its financial statements and exposure to risks. We do not anticipate that the adoption of this standard will have a material impact on our financial position, results of operations and cash flows.

Results of Operations

The following discussion should be read in conjunction with our consolidated financial statements and the notes to the consolidated financial statements accompanying this report. This discussion contains forward-looking statements that involve risks and uncertainties. Our actual results may differ materially from those anticipated in these forward-looking statements as a result of certain factors, including, but not limited to, those described under "Item 1A. Risk Factors" and those included in other portions of this report.

The discussion of our results of operations below excludes the results of our discontinued operations for all periods presented.

For the purposes of the discussion below, "2009" means the 53 weeks fiscal year ended January 3, 2010, "2008" means the 52 week fiscal year ended December 28, 2008, and "2007" means the 52 weeks fiscal year ended December 30, 2007. Our fiscal quarters in the fiscal years discussed below are referred to as "First Quarter," "Second Quarter," "Third Quarter" and "Fourth Quarter."

2009 versus 2008

Revenues

	<u>2009</u>	<u>% of Revenue</u>	<u>2008</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
U.S. corrections	\$ 784,066	68.7%	\$ 711,038	68.2%	\$ 73,028	10.3%
International services	137,171	12.0%	128,672	12.3%	8,499	6.6%
GEO Care	121,818	10.7%	117,399	11.3%	4,419	3.8%
Facility construction and design	98,035	8.6%	85,897	8.2%	12,138	14.1%
Total	<u>\$ 1,141,090</u>	<u>100.0%</u>	<u>\$ 1,043,006</u>	<u>100.0%</u>	<u>\$ 98,084</u>	<u>9.4%</u>

U.S. corrections

The increase in revenues for U.S. corrections in 2009 compared to 2008 is primarily attributable to project activations, capacity increases and per diem rate increases at existing facilities and new management contracts. The most significant increases to revenue were as follows: (i) revenues increased \$24.1 million in total due to the activation of three new contracts in Third and Fourth Quarter 2008 for the management of Joe Corley Detention Facility in Conroe, Texas, Northeast New Mexico Detention Facility in Clayton, New Mexico and Maverick County Detention Facility in Maverick, Texas; (ii) revenues increased \$24.6 million in 2009 as a result of our opening of our Rio Grande Detention Center in Laredo, Texas in Fourth Quarter 2008; (iii) revenues increased \$6.1 million as a result of the 500-bed expansion of East Mississippi Corrections Facility in Meridian, Mississippi, which was completed in October 2008; (iv) revenues increased \$5.1 million at the Robert A. Deyton Detention Facility in Lovejoy, Georgia as a result of the 192-bed activation in January 2009; (v) revenues increased \$6.1 million at the Broward Transition Center due to an increase in per diem rates and population; (vi) we experienced an increase of revenues of \$9.9 million related to contract modifications and additional services at our South Texas Detention Complex in Pearsall, Texas; (vii) approximately \$8.2 million of the increase is attributable to per diem increases, other contract modifications, award fees and population increases. Overall, we did experience slight increases over the 52-week period ended December 28, 2008 related to the additional week in the 53-week period ended January 3, 2010. These increases were offset by a decrease in revenues of \$20.6 million due to the termination of our management contract at the Sanders Estes Unit in Venus, Texas, Newton County Correctional Center in Newton, Texas, Jefferson County Downtown Jail in Beaumont, Texas, Fort Worth Community Corrections Facility in Fort Worth, Texas, and the Tri-County Justice & Detention Center in Ullin, Illinois.

The number of compensated mandays in U.S. corrections facilities increased by 1.2 million to 14.5 million mandays in 2009 from 13.3 million mandays in 2008 due to the addition of new facilities and capacity increases. We look at the average occupancy in our facilities to determine how we are managing our available beds. The average occupancy is calculated by taking compensated mandays as a percentage of capacity. The average occupancy in our U.S. correction and detention facilities was 94.6% of capacity in 2009, excluding the terminated contract for Tri-County Justice & Detention Center which was terminated effective August 2008. The average occupancy in our U.S. correction and detention facilities was 96.4% in 2008 not taking into account the 1,221 beds activated in 2009 at four facilities in our U.S. Corrections segment.

International services

Revenues for our international services segment during 2009 increased over the prior year due to several reasons including: (i) new contracts in Australia and in the United Kingdom for the management of the Parklea Correctional Centre in Sydney, Australia and the Harmondsworth Immigration Removal Centre in London, England which contributed an incremental \$4.1 million and \$8.1 million of revenues, respectively, (ii) our contract in South Africa for the management of Kutama-Sinthumule Correcional Centre contributed an increase in revenues over the prior year of \$1.2 million mainly due to contractual increases linked to the South African inflationary index, and (iii) we also experienced an increase in revenues of \$4.8 million, in aggregate,

at certain facilities managed by our Australian subsidiary due to contractual increases linked to the inflationary index. These increases were offset by unfavorable fluctuations in foreign exchange currency rates for the Australian Dollar, South African Rand and British Pound. These unfavorable fluctuations in foreign exchange rates resulted in a decrease of revenues over 2008 of \$9.9 million.

GEO Care

The increase in revenues for GEO Care in 2009 compared to 2008 is primarily attributable to the revenues from our newly acquired contract for the management of Columbia Regional Care Center in Columbia, South Carolina which generated \$7.5 million of revenues. We also experienced combined increases of \$3.1 million at South Florida Evaluation and Treatment in Miami, Florida and Treasure Coast Forensic Treatment Center in Stuart, Florida as a result of increases in population. These increases were offset by the loss of revenues from the termination of our management contract with the South Florida Evaluation and Treatment Center — Annex in July 2008. This contract generated \$7.5 million of revenues in 2008.

Facility construction and design

The increase in revenues from the Facility construction and design segment in 2009 compared to 2008 is mainly due to an increase of \$91.3 million related to the construction of Blackwater River Correctional Facility, in Milton, Florida which commenced in First Quarter 2009. This increase over the same period in the prior year was offset by decreases in construction activities at four facilities: (i) the completion of construction for the South Florida Evaluation and Treatment Center in Miami, Florida in Third Quarter 2008 decreased revenues by \$6.8 million; (ii) the completion of construction of our Northeast New Mexico Detention Facility in Clayton, New Mexico in Third Quarter 2008 decreased revenues by \$15.4 million, (iii) the completion of Florida Civil Commitment Center in Second Quarter decreased revenues by \$33.9 million and (iv) the completion of Graceville Correctional Facility in Third Quarter 2009 which decreased revenues by \$21.9 million.

Operating Expenses

	<u>2009</u>	<u>% of Segment Revenues</u>	<u>2008</u>	<u>% of Segment Revenues</u>	<u>\$ Change</u>	<u>% Change</u>
			<u>(Dollars in thousands)</u>			
U.S. corrections	\$ 565,291	72.1%	\$ 516,963	72.7%	\$ 48,328	9.3%
International services	127,964	93.3%	116,985	90.9%	10,979	9.4%
GEO Care	106,447	87.4%	103,140	87.9%	3,307	3.2%
Facility construction and design	<u>97,654</u>	<u>99.6%</u>	<u>85,571</u>	<u>99.6%</u>	<u>12,083</u>	<u>14.1%</u>
Total	<u>\$ 897,356</u>	<u>78.6%</u>	<u>\$ 822,659</u>	<u>78.9%</u>	<u>\$ 74,697</u>	<u>9.1%</u>

Operating expenses consist of those expenses incurred in the operation and management of our correctional, detention and mental health and GEO Care facilities and expenses incurred in our Facility construction and design segment.

U.S. corrections

Overall, operating expenses remained fairly consistent with fiscal 2008 with slight decreases as a percentage of revenues due to decreases in travel costs of \$3.3 million in fiscal 2009. The most significant increases to operating expense were related to new management contracts, new facility activations and increases in population from expansion beds which were activated during the fiscal year. Such projects include Joe Corley Detention Facility, Northeast New Mexico Detention Facility, Maverick County Detention Facility, Rio Grande Detention Center, East Mississippi Corrections Facility and Robert A. Deyton Detention Facility. These contracts contributed \$40.8 million of the increase to our operating expenses. Certain of our other facilities also experienced increases in expenses associated with increases in population and contract modifications resulting in additional services. These increases were partially offset by decreases in expenses as

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Table of Contents

result of facility closures for Jefferson County Downtown Jail, Newton County Correctional Center, Fort Worth Community Corrections Facility, Sanders Estes Unit and Tri County Justice & Detention Center.

International services

Expenses increased at all of our international subsidiaries consistent with the revenue increases. The costs associated with the new contracts in the United Kingdom and Australia accounted for a combined increase of \$15.1 million, including start up costs of \$3.0 million. Start up costs are non-recurring costs for training, additional staffing requirements, overtime and other costs of transitioning a new management contract. The increase in expenses in 2009 was significantly offset by the impact of foreign exchange currency rates. Overall, operating expenses for international services facilities increased slightly as a percentage of segment revenues in 2009 compared to 2008 mainly due to the start up costs in Australia and the United Kingdom.

GEO Care

Operating expenses for residential treatment increased \$3.3 million in 2009 as compared to 2008. The increase in expenses in 2009 was primarily due to our acquisition of Columbia Regional Care Center in Fourth Quarter. We also experienced higher costs at Florida Civil Commitment Center due to start up costs associated with the transfer of patients into the new facility.

Facility construction and design

Generally, the operating expenses from the Facility construction and design segment are offset by a similar amount of revenues. Our overall increase in operating expenses relates to the construction of the Blackwater River Correctional Facility which increased expenses by \$91.3 million. This increase was offset by decreases related to the completion of several facilities and expansions including South Florida Evaluation and Treatment Center, Northeast New Mexico Detention Facility, Florida Civil Commitment Center and Graceville Correctional Facility.

Depreciation and amortization

	<u>2009</u>	<u>% of Segment Revenue</u>	<u>2008</u>	<u>% of Segment Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
U.S. corrections	\$ 35,955	4.6%	\$ 34,010	4.8%	\$ 1,945	5.7%
International services	1,448	1.1%	1,556	1.2%	(108)	(6.9)%
GEO Care	1,903	1.6%	1,840	1.6%	63	3.4%
Facility construction and design	—	—	—	—	—	—
Total	<u>\$ 39,306</u>	<u>3.4%</u>	<u>\$ 37,406</u>	<u>3.6%</u>	<u>\$ 1,900</u>	<u>5.1%</u>

US Corrections

The increase in depreciation and amortization for U.S. corrections in 2009 compared to 2008 is primarily attributable to the opening of our Rio Grande Detention Center in Fourth Quarter 2008 which increased depreciation expense by \$1.9 million.

International Services

Depreciation and amortization as a percentage of segment revenue in 2009 was consistent with 2008.

GEO Care

The increase in depreciation and amortization for GEO Care in 2009 compared to 2008 is primarily due to our acquisition of Just Care.

Other Unallocated Operating Expenses

	<u>2009</u>	<u>% of Revenue</u>	<u>2008</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
General and Administrative Expenses	\$ 69,240	6.1%	\$ 69,151	6.6%	\$ 89	0.1%

General and administrative expenses comprise substantially all of our other unallocated expenses. General and administrative expenses consist primarily of corporate management salaries and benefits, professional fees and other administrative expenses. General and administrative expenses remained consistent in the fiscal year ended January 3, 2010 as compared to the fiscal year ended December 28, 2008 but decreased as a percentage of revenues. The decrease as a percentage of revenues is primarily due to corporate cost savings initiatives including those to reduce travel costs which were \$2.3 million less in 2009 and also by the increase in revenues which increased at a higher rate than general and administrative expenses. These savings were partially offset by increases in employee benefits and labor costs.

Non Operating Income and Expense

Interest Income and Interest Expense

	<u>2009</u>	<u>% of Revenue</u>	<u>2008</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
Interest Income	\$ 4,943	0.4%	\$ 7,045	0.7%	\$ (2,102)	(29.8)%
Interest Expense	\$ 28,518	2.5%	\$ 30,202	2.9%	\$ (1,684)	(5.6)%

The majority of our interest income generated in 2009 and 2008 is from the cash balances at our Australian subsidiary. The decrease in the current period over the same period last year is mainly attributable to currency exchange rates and, to a lesser extent, lower interest rates.

The decrease in interest expense of \$1.7 million is primarily attributable to a decrease in LIBOR rates which reduced the interest expense on our Term Loan B by \$4.0 million. This decrease was offset by increased expense related to the amortization of deferred financing fees associated with the amendments to our Senior Credit Facility. This increase resulted in incremental amortization of \$1.6 million. In addition, we also had more indebtedness outstanding in 2009 related to our 7³/₄% Senior Notes which resulted in an increase to interest expense of \$1.9 million. Capitalized interest in 2009 and 2008 was \$4.9 million and \$4.3 million, respectively. Total borrowings at January 3, 2010 and December 28, 2008, excluding non-recourse debt and capital lease liabilities, were \$457.5 million and \$382.1 million, respectively.

In November 2009, we entered into interest rate swap agreements with respect to a notional amount of \$75.0 million of the 7³/₄% Senior Notes which resulted in a savings in interest expense of approximately \$0.5 million for the fiscal quarter ended January 3, 2010.

Provision for Income Taxes

	<u>2009</u>	<u>Effective Rate</u>	<u>2008</u>	<u>Effective Rate</u>
			(Dollars in thousands)	
Income Tax Provision	\$ 41,991	40.1%	\$ 33,803	37.3%

The effective tax rate during 2009 was 40.1%, compared to 37.3% in 2008, due to an increase in the reserve for uncertain tax positions. The effective tax rate in 2008 included one-time state tax benefits.

Equity in Earnings of Affiliate

	<u>2009</u>	<u>% of Revenue</u>	<u>2008</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
Equity in Earnings of Affiliate	\$ 3,517	0.3%	\$ 4,623	0.4%	\$ (1,106)	(23.9)%

Equity in earnings of affiliates represent the earnings of SACS in 2009 and 2008 and reflects an overall decrease in earnings related to unfavorable foreign currency exchange rates partially offset by additional revenues due to contractual increases.

2008 versus 2007

Revenues

	<u>2008</u>	<u>% of Revenue</u>	<u>2007</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
U.S. corrections	\$ 711,038	68.2%	\$ 629,339	64.5%	\$ 81,699	13.0%
International services	128,672	12.3%	127,991	13.1%	681	0.5%
GEO Care	117,399	11.3%	110,165	11.3%	7,234	6.6%
Facility construction and design	85,897	8.2%	108,804	11.1%	(22,907)	(21.1)%
Total	<u>\$ 1,043,006</u>	<u>100.0%</u>	<u>\$ 976,299</u>	<u>100.0%</u>	<u>\$ 66,707</u>	<u>6.8%</u>

U.S. corrections

The increase in revenues for U.S. corrections in 2008 compared to 2007 is primarily attributable to new facility openings, capacity increases at existing facilities and full year operations relative to recent openings and expansions from 2007. The most significant increases to revenue were as follows: (i) revenues increased \$56.2 million in total due to the opening or expansion of seven facilities in 2008 which include activations at the Robert A. Deyton Detention Facility, Rio Grande Detention Center, Joe Corley Detention Facility and the Northeast New Mexico Detention Facility and expansions of the LaSalle Detention Facility, Central Arizona Correctional Facility and at the East Mississippi Correctional Facility; (ii) revenues increased \$28.8 million in 2008 due to increases at our California facilities, South Texas Detention Complex, New Castle Correctional Facility and at the Northwest Detention Center related to contract modifications and enhanced services; (iii) revenues increased by \$21.6 million due to the full year operation of 2007 activations and expansions that occurred at the Graceville Correctional Facility, Val Verde Correctional Facility and the Moore Haven Correctional Facility. These and other increases were offset by decreases in revenues of \$34.8 million due to the termination of our management contracts at Taft Correctional Institution, Coke County Juvenile Justice Center and Dickens County Correctional Center.

The number of compensated mandays in U.S. corrections facilities increased by 805,200 to 13.3 million mandays in 2008 from 12.5 million mandays in 2007 due to the addition of new facilities and capacity increases. We look at the average occupancy in our facilities to determine how we are managing our available beds. The average occupancy is calculated by taking compensated mandays as a percentage of capacity. The average occupancy in our U.S. correction and detention facilities was 95.7% of capacity in 2008, excluding the terminated contracts for the Coke County Juvenile Justice Center, the Dickens County Correctional Center, and the Taft Correctional Institution. The average occupancy in our U.S. correction and detention facilities was 96.1% in 2007, excluding our new contracts at the Joe Corley Detention Facility, Rio Grande Detention Center, Robert A. Deyton Detention Facility and the Maverick County Detention Facility.

International services

Revenues for our International services segment during fiscal year 2008 increased by \$4.8 million over fiscal year 2007 due to increases in contractual rates at some of our facilities in Australia and also in South Africa. We also experienced a favorable increase in revenues of \$1.9 million over the prior year due to the overall strengthening of the Australian dollar during fiscal year 2008. This favorable variance was offset during fiscal year 2008 by a decrease in revenues of \$2.9 million related to the expansion in 2007 of the Campsfield House Immigration Removal Centre which was completed in September 2008. We also experienced a decrease in revenues in fiscal year 2008 compared to fiscal year 2007 due to unfavorable foreign

exchange currency fluctuations in the South African Rand and the British Pound which resulted in a combined decrease of \$3.2 million.

GEO Care

The increase in revenues for GEO Care in 2008 compared to 2007 is primarily attributable to two items: (i) the Treasure Coast Forensic Center in Stuart, Florida which commenced operation in March 2007, increased revenues by \$7.5 million; and (ii) the Florida Civil Commitment Center in Arcadia, Florida contributed an increase of \$2.6 million, both due to increases in population. This favorable increase was partially offset by \$2.4 million due to the loss of the contract with the SFETC Annex.

Facility construction and design

The decrease in revenues from construction activities is primarily attributable to the completion of construction at two facilities: (i) the South Florida Evaluation and Treatment Center in Miami, Florida, which was completed in Second Quarter 2008, decreased revenues by \$19.3 million; and (ii) the Northeast New Mexico Detention Facility in Clayton, New Mexico which was completed in Third Quarter 2008 and decreased revenues by \$25.6 million. These decreases over the same period in the prior year were offset by increases in construction revenue for the expansion of the Graceville Correctional Facility in Graceville, Florida which commenced in First Quarter 2008 and increased revenues by \$4.0 million and the construction of the Florida Civil Commitment Center in Arcadia, Florida which increased revenues by \$22.1 million.

Operating Expenses

	<u>2008</u>	<u>% of Segment Revenues</u>	<u>2007</u>	<u>% of Segment Revenues</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
U.S. corrections	\$ 516,963	72.7%	\$ 464,617	73.8%	\$ 52,346	11.3%
International services	116,985	90.9%	116,259	90.8%	726	0.6%
GEO Care	103,140	87.9%	98,557	89.5%	4,583	4.7%
Facility construction and design	<u>85,571</u>	<u>99.6%</u>	<u>109,070</u>	<u>100.2%</u>	<u>(23,499)</u>	<u>(21.5)%</u>
Total	<u>\$ 822,659</u>	<u>78.9%</u>	<u>\$ 788,503</u>	<u>80.8%</u>	<u>\$ 34,156</u>	<u>4.3%</u>

Operating expenses consist of those expenses incurred in the operation and management of our correctional, detention and mental health and GEO Care facilities and expenses incurred in our Facility construction and design segment.

U.S. corrections

The increase U.S. corrections operating expenses in 2008 compared to 2007 is primarily attributable to new facility openings, capacity increases at existing facilities and the normalization of openings and expansions from 2007. The most significant increases to operating expenses were as follows: (i) operating expenses increased \$43.3 million in total due to the opening or expansion of seven facilities in 2008 which include activations at the Robert A. Deyton Detention Facility, Rio Grande Detention Facility, Joe Corley Detention Facility and the Northeast New Mexico Detention Facility and expansions of the LaSalle Detention Center, Central Arizona Correctional Facility and at the East Mississippi Correctional Facility; (ii) operating expenses increased \$19.2 million in 2008 due to increases at our California facilities, South Texas Detention Center, New Castle Correctional Facility and at the Northwest Detention Center related to contract modifications and enhanced services; (iii) operating expenses increased by \$17.9 million due to the normalization of 2007 activations and expansions that occurred at the Graceville Correctional Facility, Val Verde Correctional Facility and the Moore Haven Correctional Facility; (iv) operating expenses increased by \$3.6 million for the year ended December 28, 2008 due to changes in general liability and workers compensation reserves. The remaining increase in operating expenses is the result of increases in wages and employee benefits as well as general increases in operating costs. These increases were partially offset by decreases of \$31.0 million related

Table of Contents

to the termination of our management contracts at Coke County Juvenile Justice Center, Taft Correctional Institution and Dickens County Correctional Center which were terminated prior to fiscal 2008. Beginning 2008, we changed our vacation policy for certain employees allowing these employees to use their vacation regardless of their service period but within the fiscal year. The 2008 change in our vacation policy resulted in a \$3.7 million decrease in vacation expense in the fiscal year ended 2008 compared to the fiscal year ended 2007.

International services

Operating expenses for international services facilities remained consistent as a percentage of segment revenues in 2008 compared to 2007. On December 22, 2008, we announced the closure of our U.K.-based transportation division, Recruitment Solutions International which we refer to as RSI. We purchased RSI, which provided transportation services to The Home Office Nationality and Immigration Directorate, for \$2.3 million, including transaction costs, in 2006. The operating loss of this business are reported as discontinued operations and is not presented in the segment information above.

GEO Care

Operating expenses for residential treatment increased \$4.6 million in 2008 as compared to 2007 primarily attributable to increased population at the Treasure Coast Forensic Center and Florida Civil Commitment Center as mentioned above. This positive variance was offset by a decrease due to the closure of our 100-bed South Florida Evaluation and Treatment Center Annex which was effective July 31, 2008. Overall, expenses as a percentage of revenue partly decreased as a result of a decrease in startup costs which were \$0.6 million in 2008 compared to \$1.9 million in 2007.

Facility construction and design

Operating expenses for facility construction and design decreased \$23.5 million during fiscal year 2008 compared to fiscal year 2007 primarily due to a decrease in costs associated with our facilities under construction as a result of reduced activity as discussed above.

Depreciation and amortization

	<u>2008</u>	<u>% of Segment Revenue</u>	<u>2007</u>	<u>% of Segment Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
U.S. corrections	\$ 34,010	4.8%	\$ 30,401	4.8%	\$ 3,609	11.9%
International services	1,556	1.2%	1,351	1.1%	205	15.2%
GEO Care	1,840	1.6%	1,466	1.3%	374	25.5%
Facility construction and design	—	—	—	—	—	—
Total	<u>\$ 37,406</u>	<u>3.6%</u>	<u>\$ 33,218</u>	<u>3.4%</u>	<u>\$ 4,188</u>	<u>12.6%</u>

US Corrections

The increase in depreciation and amortization for U.S. corrections in 2008 compared to 2007 is primarily attributable to the following items: (i) depreciation increased \$0.9 million due to the reactivation and expansion of the LaSalle Detention Facility discussed above, (ii) depreciation increased \$0.7 million related to the opening of the Rio Grande Detention Center discussed above and, (iii) depreciation increased \$0.8 million due to the expansion of the Val Verde Correctional Facility discussed above.

International Services

Depreciation and amortization as a percentage of segment revenue in 2008 was consistent with 2007.

GEO Care

The increase in depreciation and amortization for GEO Care in 2008 compared to 2007 is primarily due to the Treasure Coast Forensic Treatment Center expansion in September 2007.

Other Unallocated Operating Expenses

General and Administrative Expenses

	<u>2008</u>	<u>% of Revenue</u>	<u>2007</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
General and Administrative Expenses	\$ 69,151	6.6%	\$ 64,492	6.6%	\$ 4,659	7.2%

General and administrative expenses comprise substantially all of our other unallocated expenses. General and administrative expenses consist primarily of corporate management salaries and benefits, professional fees and other administrative expenses. General and administrative expenses increased by \$4.7 million in the fiscal year ended December 28, 2008 as compared to the fiscal year ended December 30, 2007, and remained consistent as a percentage of revenues. The increase in general and administrative costs is mainly due to increases in corporate travel and increases in direct labor costs as a result of increased wages and related increases in employee benefits.

Non Operating Income and Expense

Interest Income and Interest Expense

	<u>2008</u>	<u>% of Revenue</u>	<u>2007</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
Interest Income	\$ 7,045	0.7%	\$ 8,746	0.9%	\$ (1,701)	(19.4)%
Interest Expense	\$ 30,202	2.9%	\$ 36,051	3.7%	\$ (5,849)	(16.2)%

The decrease in interest income in 2008 compared to 2007 is primarily attributable to the decrease in interest rates for the period as well as the decrease in cash in 2008 as compared to 2007. In First Quarter 2009, one of the lenders elected to prepay its interest rate swap obligation to us at the call option price which approximated the fair value of the interest rate swap on the call dates.

The decrease in interest expense is primarily attributable to a significant decrease in LIBOR rates. We also experienced an increase in the amount of interest capitalized in connection with the construction of our correctional and detention facilities. Capitalized interest is recorded as part of the asset to which it relates and is amortized over the asset's estimated useful life. During fiscal years ended 2008 and 2007, we capitalized \$4.3 million and \$2.9 million of interest expense, respectively. This was partially offset by an increase in debt in 2008 as compared to 2007.

Provision for Income Taxes

	<u>2008</u>	<u>Effective Rate</u>	<u>2007</u>	<u>Effective Rate</u>
		(Dollars in thousands)		
Income Tax Provision	\$ 33,803	37.3%	\$ 22,049	38.0%

The effective tax rate during 2008 was 37.3% as a result of one-time state tax benefits of \$1.6 million. We expect our tax rate in the future to increase to 38.7% as these benefits are non-recurring in nature.

Equity in Earnings of Affiliate

	<u>2008</u>	<u>% of Revenue</u>	<u>2007</u>	<u>% of Revenue</u>	<u>\$ Change</u>	<u>% Change</u>
			(Dollars in thousands)			
Equity in Earnings of Affiliate	\$ 4,623	0.4%	\$ 2,151	0.2%	\$ 2,472	114.9%

Equity in earnings of affiliates represent the earnings of SACS in 2008 and 2007 and reflect contractual increases partially offset by unfavorable foreign currency translation. These results also include the impact of a one-time tax benefit of \$1.9 million.

Financial Condition

Capital Requirements

Our current cash requirements consist of amounts needed for working capital, debt service, supply purchases, investments in joint ventures, and capital expenditures related to the development of new correctional, detention and/or mental health facilities. In addition, some of our management contracts require us to make substantial initial expenditures of cash in connection with opening or renovating a facility. Generally, these initial expenditures are subsequently fully or partially recoverable as pass-through costs or are billable as a component of the per diem rates or monthly fixed fees to the contracting agency over the original term of the contract. Additional capital needs may also arise in the future with respect to possible acquisitions, other corporate transactions or other corporate purposes.

We are currently developing a number of projects using company financing. We estimate that the remaining capital expenditures related to these existing capital projects will be \$37.7 million to be spent in 2010. Capital expenditures related to facility maintenance costs are expected to range between \$10.0 million and \$15.0 million. In addition to these current estimated capital requirements for 2010, we are currently in the process of bidding on, or evaluating potential bids for the design, construction and management of a number of new projects. In the event that we win bids for these projects and decide to self-finance their construction, our capital requirements in 2010 and/or 2011 could materially increase.

Liquidity and Capital Resources

We plan to fund all of our capital needs, including our capital expenditures, from cash on hand, cash from operations, borrowings under our Senior Credit Facility and any other financings which our management and Board of Directors, in their discretion, may consummate. Our primary source of liquidity to meet these requirements is cash flow from operations and borrowings from the \$330.0 million Revolver under our Senior Credit Facility (see discussion below).

As of January 3, 2010, we had a total of \$457.5 million of consolidated debt outstanding, excluding \$112.0 million of non-recourse debt and capital lease liability balances of \$15.1 million. As of January 3, 2010, we also had outstanding eight letters of guarantee totaling \$8.9 million under separate international credit facilities. Based on our debt covenants and the amount of indebtedness we have outstanding, as of February 16, 2010, we had the ability to borrow an additional approximately \$217 million under our Revolver after considering debt covenants. We also have the ability to borrow \$200.0 million under the accordion feature of our Senior Credit Facility subject to lender demand and market conditions. Our significant debt service obligations could have material consequences. See "Risk Factors — Risks Related to Our High Level of Indebtedness."

Our management believes that cash on hand, cash flows from operations and borrowings under our Senior Credit Facility will be adequate to support our capital requirements for 2010 and 2011 disclosed above. However, we are currently in the process of bidding on, or evaluating potential bids for, the design, construction and management of a number of new projects. In the event that we win bids for these projects and decide to self-finance their construction, our capital requirements in 2010 and/or 2011 could materially increase. In that event, our cash on hand, cash flows from operations and borrowings under the Senior Credit Facility may not provide sufficient liquidity to meet our capital needs through 2010 and 2011 and we could be forced to seek additional financing or refinance our existing indebtedness. There can be no assurance that any such financing or refinancing would be available to us on terms equal to or more favorable than our current financing terms, or at all.

In the future, our access to capital and ability to compete for future capital-intensive projects will also be dependent upon, among other things, our ability to meet certain financial covenants in the indenture governing

the 7^{3/4}% Senior Notes and in our Senior Credit Facility. A substantial decline in our financial performance could limit our access to capital pursuant to these covenants and have a material adverse effect on our liquidity and capital resources and, as a result, on our financial condition and results of operations. In addition to these foregoing potential constraints on our capital, a number of state government agencies have been suffering from budget deficits and liquidity issues. While the company expects to be in compliance with its debt covenants, if these constraints were to intensify, our liquidity could be materially adversely impacted as could our compliance with these debt covenants.

We have entered into individual executive retirement agreements with our two top executives. These agreements provide each executive with a lump sum payment upon retirement. Under the agreements, the executives may retire at any time after reaching the age of 55. Both of the executives reached the eligible retirement age of 55 in 2005. However, under the retirement agreements, retirement may be taken at any time at the individual executive's discretion. In the event that both executives were to retire in the same year, we believe we will have funds available to pay the retirement obligations from various sources, including cash on hand, operating cash flows or borrowings under our Revolver. Based on our current capitalization, we do not believe that making these payments in any one period, whether in separate installments or in the aggregate, would materially adversely impact our liquidity.

On February 22, 2010, we announced that our Board of Directors approved a stock repurchase program for up to \$80.0 million of our common stock effective through March 31, 2011. The stock repurchase is intended to be implemented through purchases made from time to time in the open market or in privately negotiated transactions, in accordance with applicable Securities and Exchange requirements. The program may also include repurchases from time to time from executive officers or directors of vested restricted stock and/or vested stock options. The stock repurchase program does not obligate us to purchase any specific amount of our common stock and may be suspended or extended at any time at the our discretion. As of February 16, 2010, GEO had 51.6 million shares outstanding.

We are also exposed to various commitments and contingencies which may have a material adverse effect on our liquidity. See Item 3. Legal Proceedings.

The Senior Credit Facility

On October 5, 2009, on October 15, 2009, and again on December 4, 2009, we completed certain amendments to our Senior Credit Facility. These amendments, among other things, modified the aggregate size of the Revolver from \$240.0 million to \$330.0 million, extended the maturity of the Revolver to 2012, modified the permitted maximum total leverage and maximum senior secured leverage financial ratios, eliminated the annual capital expenditures limitation and made several technical revisions to certain definitions therein. Our Senior Credit Facility is now comprised of a \$155.0 million Term Loan B bearing interest at LIBOR plus 2.00% and maturing in January 2014 and the \$330.0 million Revolver which currently bears interest at LIBOR plus 3.25% and matures in September 2012. Also, upon the execution these amendments we have the ability to increase our borrowing capacity under the Senior Credit facility by another \$200.0 million subject to lender demand, market conditions and existing borrowings.

As of January 3, 2010, we had \$155.0 million outstanding under the Term Loan B, and our \$330.0 million Revolver had \$58.0 million outstanding in loans, \$47.5 million outstanding in letters of credit and approximately \$217 million available for borrowings, which we refer to as our Unused Revolver, after considering our debt covenants. We intend to use future borrowings from the Revolver for the purposes permitted under the Senior Credit Facility, including for general corporate purposes.

Indebtedness under the Revolver bears interest in each of the instances below at the stated rate:

	<u>Interest Rate under the Revolver</u>
LIBOR borrowings	LIBOR plus 2.75% to 3.50%.
Base rate borrowings	Prime Rate plus 1.75% to 2.50%.
Letters of credit	2.75% to 3.50%.
Unused Revolver	0.50% to 0.75%.

Table of Contents

We are required to maintain the following Total Leverage Ratios, as computed at the end of each fiscal quarter for the immediately preceding four quarter-period:

Period	Total Leverage Ratio
Through the penultimate day of fiscal year 2010	≤ 4.00 to 1.00
From the last day of the fiscal year 2010 through the penultimate day of fiscal year 2011	≤ 3.75 to 1.00
From the last day of the fiscal year 2011 through the penultimate day of fiscal year 2012	≤ 3.25 to 1.00
Thereafter	≤ 3.00 to 1.00

The Credit Agreement also requires us to maintain the following Senior Secured Leverage Ratios, as computed at the end of each fiscal quarter for the immediately preceding four quarter-period:

Period	Senior Secured Leverage Ratio
Through the penultimate day of fiscal year 2011	≤ 3.00 to 1.00
From the last day of the fiscal year 2011 through the penultimate day of fiscal year 2012	≤ 2.50 to 1.00
From the last day of the fiscal year 2012 through the penultimate day of fiscal year 2013	≤ 2.25 to 1.00
Thereafter	≤ 2.00 to 1.00

The foregoing covenants replace the corresponding covenants previously included in the credit agreement governing our Senior Credit Facility (referred to as the "Credit Agreement").

All of the obligations under the Senior Credit Facility are unconditionally guaranteed by each of our existing material domestic subsidiaries. The Senior Credit Facility and the related guarantees are secured by substantially all of our present and future tangible and intangible assets and all present and future tangible and intangible assets of each guarantor, as specified in the Credit Agreement. In addition, the Senior Credit Facility contains certain customary representations and warranties, and certain customary covenants that restrict our ability to be party to certain transactions, as further specified in the Credit Agreement. Events of default under the Senior Credit Facility include, but are not limited to, (i) our failure to pay principal or interest when due, (ii) our material breach of any representation or warranty, (iii) covenant defaults, (iv) bankruptcy, (v) cross default to certain other indebtedness, (vi) unsatisfied final judgments over a specified threshold, (vii) material environmental state of claims which are asserted against it, and (viii) a change of control. Our failure to comply with any of the covenants under its Senior Credit Facility could cause an event of default under such documents and result in an acceleration of all of outstanding senior secured indebtedness. We believe we were in compliance with all of the covenants of the Senior Credit Facility as of January 3, 2010.

8¹/₄% Senior Notes

On October 5, 2009, we announced the commencement of a cash tender offer for our \$150.0 million aggregate principal amount of 8¹/₄% Senior Notes. Holders who validly tendered their Notes before the early tender date, which expired at 5:00 p.m. Eastern Standard time on October 19, 2009, received a 103% cash payment for their note which included an early tender premium of 3%. Holders who tendered their notes after the early tender date, but before the expiration date of 11:59 p.m., Eastern Standard time on November 2, 2009 which we refer to as the Early Expiration Date, received 100% cash payment for their note. Holders of the 8¹/₄% Senior Notes accepted for purchase received accrued and unpaid interest up to, but not including, the applicable payment date. Valid early tenders received by us represented \$130.2 million aggregate principal amount of the 8¹/₄% Senior Notes which was 86.8% of the outstanding principal balance. We settled these notes on October 20, 2009 by paying \$136.9 million to the trustee. Also on October 20, 2009, we announced the call for redemption for all notes not tendered by the Expiration Date. We financed the tender offer and redemption with a portion of the net cash proceeds from our offering of \$250.0 million aggregate principal 7³/₄% Senior Notes, which closed on October 20, 2009. As of November 19, 2009, all of the 8¹/₄% Senior Notes had been redeemed.

7³/₄% Senior Notes

On October 20, 2009, we completed a private offering of \$250.0 million in aggregate principal amount of our 7³/₄% Senior Notes due 2017. These senior unsecured notes pay interest semi-annually in cash in arrears on April 15 and October 15 of each year, beginning on April 15, 2010. We realized net proceeds of \$246.4 million at the close of the transaction, net of the discount on the notes of \$3.6 million. We used the net proceeds of the offering to fund the repurchase of all of its 8¹/₄% Senior Notes due 2013 and pay down part the Revolver.

The 7³/₄% Senior Notes and the guarantees will be unsecured, unsubordinated obligations of GEO and the guarantors and will rank as follows: pari passu with any unsecured, unsubordinated indebtedness of GEO and the guarantors; senior to any future indebtedness of GEO and the guarantors that is expressly subordinated to the notes and the guarantees; effectively junior to any secured indebtedness of GEO and the guarantors, including indebtedness under the our Senior Credit Facility, to the extent of the value of the assets securing such indebtedness; and effectively junior to all obligations of our subsidiaries that are not guarantors. After October 15, 2013, we may, at our option, redeem all or a part of the 7³/₄% Senior Notes upon not less than 30 nor more than 60 days' notice, at the redemption prices (expressed as percentages of principal amount) set forth below, plus accrued and unpaid interest and Liquidated Damages, if any, on the 7³/₄% Senior Notes redeemed, to the applicable redemption date, if redeemed during the 12-month period beginning on October 15 of the years indicated below:

Year	Percentage
2013	103.875%
2014	101.938%
2015 and thereafter	100.000%

Before October 15, 2013, we may redeem some or all of the 7³/₄% Senior Notes at a redemption price equal to 100% of the principal amount of each note to be redeemed plus a make-whole premium described under "Description of Notes — Optional Redemption" together with accrued and unpaid interest. In addition, at any time prior to October 15, 2012, we may redeem up to 35% of the notes with the net cash proceeds from specified equity offerings at a redemption price equal to 107.750% of the principal amount of each note to be redeemed, plus accrued and unpaid interest, if any, to the date of redemption.

The indenture governing the notes contains certain covenants, including limitations and restrictions on us and our restricted subsidiaries' ability to: incur additional indebtedness or issue preferred stock; make dividend payments or other restricted payments; create liens; sell assets; enter into transactions with affiliates; and enter into mergers, consolidations, or sales of all or substantially all of our assets. As of the date of the indenture, all of our subsidiaries, other than CSC of Tacoma, LLC, GEO International Holdings, Inc., certain dormant domestic subsidiaries and all foreign subsidiaries in existence on the date of the indenture, were restricted subsidiaries. In addition, there is a cross-default provision which becomes enforceable upon failure of payment of indebtedness at final maturity. Our unrestricted subsidiaries will not be subject to any of the restrictive covenants in the indenture. We believe we were in compliance with all of the covenants of the Indenture governing the 7³/₄% Senior Notes as of January 3, 2010.

Non-Recourse Debt**South Texas Detention Complex**

We have a debt service requirement related to the development of the South Texas Detention Complex, a 1,904-bed detention complex in Frio County, Texas acquired in November 2005 from CSC. CSC was awarded the contract in February 2004 by the Department of Homeland Security, ICE, for development and operation of the detention center. In order to finance its construction, South Texas Local Development Corporation, which we refer to as STLDC, was created and issued \$49.5 million in taxable revenue bonds. Additionally, we have outstanding \$5.0 million of subordinated notes which represents the principal amount of financing provided to STLDC by CSC for initial development. These bonds mature in February 2016 and have fixed coupon rates between 4.11% and 5.07%.

We have an operating agreement with STLDC, the owner of the complex, which provides us with the sole and exclusive right to operate and manage the detention center. The operating agreement and bond indenture require the revenue from our contract with ICE be used to fund the periodic debt service requirements as they become due. The net revenues, if any, after various expenses such as trustee fees, property taxes and insurance premiums are distributed to us to cover operating expenses and management fees. We are responsible for the entire operations of the facility including all operating expenses and are required to pay all operating expenses whether or not there are sufficient revenues. STLDC has no liabilities resulting from its ownership. The bonds have a ten year term and are non-recourse to us. The bonds are fully insured and the sole source of payment for the bonds is the operating revenues of the center. At the end of the ten year term of the bonds, title and ownership of the facility transfers from STLDC to us. We have determined that we are the primary beneficiary of STLDC and consolidate the entity as a result.

On February 2, 2009, we made a payment of \$4.4 million for the current portion of our periodic debt service requirement in relation to STLDC operating agreement and bond indenture. As of January 3, 2010, the remaining balance of the debt service requirement is \$36.7 million, of which \$4.6 million is due within the next twelve months. Also as of January 3, 2010, included in current restricted cash and non-current restricted cash is \$6.2 million and \$8.2 million, respectively, as funds held in trust with respect to the STLDC for debt service and other reserves.

Northwest Detention Center

On June 30, 2003, CSC arranged financing for the construction of the Northwest Detention Center in Tacoma, Washington, referred to as the Northwest Detention Center, which was completed and opened for operation in April 2004 and acquired by us in November 2005. In connection with the original financing, CSC of Tacoma LLC, a wholly owned subsidiary of CSC, issued a \$57.0 million note payable to the Washington Economic Development Finance Authority, which we refer to as WEDFA, an instrumentality of the State of Washington, which issued revenue bonds and subsequently loaned the proceeds of the bond issuance back to CSC for the purposes of constructing the Northwest Detention Center. The bonds are non-recourse to us and the loan from WEDFA to CSC is non-recourse to us. These bonds mature in February 2014 and have fixed coupon rates between 3.20% and 4.10%.

The proceeds of the loan were disbursed into escrow accounts held in trust to be used to pay the issuance costs for the revenue bonds, to construct the Northwest Detention Center and to establish debt service and other reserves. On October 1, 2009, CSC of Tacoma LLC made a payment from its restricted cash account of \$5.7 million for the current portion of its periodic debt service requirement in relation to the WEDFA bid indenture. As of January 3, 2010, the remaining balance of the debt service requirement is \$31.6 million, of which \$5.9 million is classified as current in the accompanying balance sheet.

As of January 3, 2010, included in current restricted cash and non-current restricted cash is \$7.1 million and \$2.2 million, respectively, of funds held in trust with respect to the Northwest Detention Center for debt service and other reserves.

Australia

In connection with the financing and management of one Australian facility, our wholly owned Australian subsidiary financed the facility's development and subsequent expansion in 2003 with long-term debt obligations, which are non-recourse to us and total \$45.4 million and \$38.1 million at January 3, 2010 and December 28, 2008, respectively. As a condition of the loan, we are required to maintain a restricted cash balance of AUD 5.0 million, which, at January 3, 2010, was \$4.5 million. The term of the non-recourse debt is through 2017 and it bears interest at a variable rate quoted by certain Australian banks plus 140 basis points. Any obligations or liabilities of the subsidiary are matched by a similar or corresponding commitment from the government of the State of Victoria.

Guarantees

In connection with the creation of SACS, we entered into certain guarantees related to the financing, construction and operation of the prison. We guaranteed certain obligations of SACS under its debt agreements up to a maximum amount of 60.0 million South African Rand, or \$8.2 million, to SACS' senior lenders through the issuance of letters of credit. Additionally, SACS is required to fund a restricted account for the payment of certain costs in the event of contract termination. We have guaranteed the payment of 60% of amounts which may be payable by SACS into the restricted account and provided a standby letter of credit of 8.4 million South African Rand, or \$1.1 million, as security for our guarantee. Our obligations under this guarantee are indexed to the CPI and expire upon the release from SACS of its obligations in respect of the restricted account under its debt agreements. No amounts have been drawn against these letters of credit, which are included in our outstanding letters of credit under the Revolver.

We have agreed to provide a loan, if necessary, of up to 20.0 million South African Rand, or \$2.7 million, referred to as the Standby Facility, to SACS for the purpose of financing the obligations under the contract between SACS and the South African government. No amounts have been funded under the Standby Facility, and we do not currently anticipate that such funding will be required by SACS in the future. Our obligations under the Standby Facility expire upon the earlier of full funding or release from SACS of its obligations under its debt agreements. The lenders' ability to draw on the Standby Facility is limited to certain circumstances, including termination of the contract.

We have also guaranteed certain obligations of SACS to the security trustee for SACS lenders. We have secured our guarantee to the security trustee by ceding our rights to claims against SACS in respect of any loans or other finance agreements, and by pledging our shares in SACS. Our liability under the guarantee is limited to the cession and pledge of shares. The guarantee expires upon expiration of the cession and pledge agreements.

In connection with a design, build, finance and maintenance contract for a facility in Canada, we guaranteed certain potential tax obligations of a not-for-profit entity. The potential estimated exposure of these obligations is CAD 2.5 million, or \$2.4 million commencing in 2017. We have a liability of \$1.5 million and \$1.3 million related to this exposure as of January 3, 2010 and December 28, 2008, respectively. To secure this guarantee, we purchased Canadian dollar denominated securities with maturities matched to the estimated tax obligations in 2017 to 2021. We have recorded an asset and a liability equal to the current fair market value of those securities on our balance sheet. We do not currently operate or manage this facility.

At January 3, 2010, we also had outstanding eight letters of guarantee totaling \$8.9 million under separate international facilities. We do not have any off balance sheet arrangements.

Derivatives

In November 2009, we executed three interest rate swap agreements in the aggregate notional amount of \$75.0 million. We have designated these interest rate swaps as hedges against changes in the fair value of a designated portion of the 7³/₄% Senior Notes due 2017 ("7³/₄% Senior Notes") due to changes in underlying interest rates. These interest rate swaps, which have payment, expiration dates and call provisions that mirror the terms of the 7³/₄% Senior Notes, effectively convert \$75.0 million of the 7³/₄% Senior Notes into variable rate obligations. Each of the swaps has a termination clause that gives the lender the right to terminate the interest rate swaps at fair market value if they are no longer a lender under the Credit Agreement. In addition to the termination clause, these interest rate swaps also have call provisions which specify that the lender can elect to settle the swap for the call option price. Under these interest rates swaps, we receive a fixed interest rate payment from the financial counterparties to the agreements equal to 7³/₄% per year calculated on the notional \$75.0 million amount, while we make a variable interest rate payment to the same counterparties equal to the three-month LIBOR plus a fixed margin of between 4.24% and 4.29%, also calculated on the notional \$75.0 million amount. Changes in the fair value of the interest rate swaps are recorded in earnings along with related designated changes in the value of the Notes. Effective January 6, 2010, we executed a

fourth swap agreement relative to a notional amount of \$25.0 million of the 7³/₄% Senior Notes. (See Note 20). There was no material ineffectiveness of our interest rate swaps for the fiscal years presented.

Our Australian subsidiary is a party to an interest rate swap agreement to fix the interest rate on the variable rate non-recourse debt to 9.7%. We have determined the swap to be an effective cash flow hedge. Accordingly, we record the value of the interest rate swap in accumulated other comprehensive income, net of applicable income taxes. There was no ineffectiveness of this interest rate swap for the fiscal years presented. The Company does not expect to enter into any transactions during the next twelve months which would result in the reclassification into earnings or losses associated with this swap currently reported in accumulated other comprehensive loss.

Contractual Obligations and Off Balance Sheet Arrangements

The following is a table of certain of our contractual obligations, as of January 3, 2010, which requires us to make payments over the periods presented.

Contractual Obligations	Payments Due by Period				
	Total	Less Than			More Than 5 Years
		1 Year	1-3 Years (In thousands)	3-5 Years	
Long-term debt obligations	\$ 250,028	\$ 28	\$ —	\$ —	\$ 250,000
Term Loan B	154,963	3,650	7,300	144,013	—
Revolver	58,000	—	58,000	—	—
Capital lease obligations (includes imputed interest)	24,437	1,930	3,866	3,868	14,773
Operating lease obligations	134,460	18,041	31,982	18,501	65,936
Non-recourse debt	113,724	15,241	32,697	36,130	29,656
Estimated interest payments on debt(a)	188,242	30,144	56,087	43,287	58,724
Estimated funding of pension and other post retirement benefits	16,206	10,223	406	543	5,034
Estimated construction commitments	37,700	37,700	—	—	—
Estimated tax payments for uncertain tax positions(b)	5,116	—	5,116	—	—
Total	\$ 982,876	\$ 116,957	\$ 195,454	\$ 246,342	\$ 424,123

- (a) Due to the uncertainties of future LIBOR rates, the variable interest payments on our credit facility and swap agreements were calculated using a LIBOR rate of .30% based on our estimated interest rates for fiscal 2010.
- (b) State income tax payments are reflected net of the federal income tax benefit.

We do not have any additional off balance sheet arrangements which would subject us to additional liabilities.

Cash Flow

Cash and cash equivalents as of January 3, 2010 was \$33.9 million, compared to \$31.7 million as of December 28, 2008. During Fiscal 2009 we used cash flows from operations to fund all of our operating expenses and used cash on hand, net cash proceeds from the issuance of our 7³/₄% Senior Notes and cash flow from operations to fund \$149.8 million in capital expenditures

Cash provided by operating activities of continuing operations in 2009, 2008 and 2007 was \$125.1 million, \$74.4 million, and \$75.0 million, respectively. Cash provided by operating activities of continuing operations in 2009 was positively impacted by an increase in net income of \$7.1 million in addition to \$39.3 million of depreciation and amortization expense. These increases reflect the opening of new facilities as previously discussed and improved financial performance at existing facilities. Cash provided by operating activities of continuing operations in 2008 was positively impacted by an increase in net income of \$17.1 million in

addition to \$37.4 million of depreciation and amortization expense. Cash provided by operating activities of continuing operations in 2007 was positively impacted by an increase in net income of \$11.8 million in addition to \$33.2 million of depreciation and amortization expense.

Cash provided by operating activities of continuing operations was positively impacted in 2009 by a decrease in accounts receivable of \$6.9 million, an increase in our deferred income tax benefits of \$10.0 million, and non-cash expense of \$6.8 million related to the write-off of deferred financing fees and the expenses associated with the tender offer for our 8¹/₄% Senior Notes. Cash provided by operating activities of continuing operations was negatively impacted in 2008 by an increase in accounts receivable of \$29.6 million and more non-cash earnings in the prior year attributable to our investment in our South Africa joint venture, SACS. Cash provided by operating activities of continuing operations was negatively impacted in 2007 by an increase in accounts receivable of \$10.6 million and increases in our deferred income tax provision of \$5.1 million.

Cash used in investing activities of continuing operations in 2009 of \$185.3 million consists of our investment in Just Care Inc, of \$38.4 million as well as capital expenditures of \$149.8 million. Of the aggregate \$149.8 million in capital expenditures, \$138.3 million related to development capital expenditures and approximately \$11.5 million related to maintenance capital expenditures. We are currently developing a number of projects using company financing. We estimate our remaining capital requirements for these projects to be \$37.7 million, which will be spent through 2010.

Cash used in investing activities of continuing operations in 2008 of \$131.6 million includes capital expenditures of \$131.0 million, of which \$119.3 million related to development capital expenditures and approximately \$11.7 million related maintenance capital expenditures. Cash used in investing activities of continuing operations in 2007 was \$518.9 million due to our cash investment in CPT of \$410.5 million and capital expenditures of \$115.2 million.

Cash provided by financing activities in 2009 was \$52.0 million and reflects cash proceeds from the issuance of our 7³/₄% Senior Notes of \$250.0 million and Revolver borrowings of \$83.0 million. These proceeds were offset by payments of \$150.0 million for repayment of our 8¹/₄% Senior Notes, payments of \$99.0 million on our Revolver and payments on non-recourse debt and Term Loan B of \$17.8 million. Cash proceeds from our 7³/₄% Senior Notes were primarily used to pay down our 8¹/₄% Senior Notes and our Revolver and to pay down our Revolver. We intend to use cash flows from operations and future borrowings under our Revolver to fund the project discussed above and other projects we may announce during fiscal 2010. We believe the institutions and banks included in our lender group will be able to fund their commitment to our Revolver. However, we can provide no assurance regarding their solvency or ability to honor their commitments. Failure to honor a commitment could materially impact our ability to meet our future capital needs and complete the projects discussed above.

Cash provided by financing activities in 2008 was \$53.7 million and reflects proceeds received from net borrowings of \$74.0 million under our Revolver. Borrowings under our \$240.0 million Revolver were primarily used to fund \$119.3 million of development capital expenditures in fiscal 2008. Cash provided by financing activities in 2007 was \$372.3 million and reflects proceeds received from the equity offering of \$227.5 million as well as cash proceeds of \$387.0 million from our Term Loan B and the Revolver. These cash flows from financing activities are offset by payments on the Term Loan B of \$202.7 million, payments on the Revolver of \$22.0 million and payments on other long term debt of \$12.6 million.

Inflation

We believe that inflation, in general, did not have a material effect on our results of operations during 2009, 2008 and 2007. While some of our contracts include provisions for inflationary indexing, inflation could have a substantial adverse effect on our results of operations in the future to the extent that wages and salaries, which represent our largest expense, increase at a faster rate than the per diem or fixed rates received by us for our management services.

Outlook

The following discussion of our future performance contains statements that are not historical statements and, therefore, constitute forward-looking statements within the meaning of the Private Securities Litigation

Reform Act of 1995. Our forward-looking statements are subject to risks and uncertainties that could cause actual results to differ materially from those stated or implied in the forward-looking statement. Please refer to "Item 1A. Risk Factors" in this Annual Report on Form 10-K, the "Forward-Looking Statements — Safe Harbor," as well as the other disclosures contained in this Annual Report on Form 10-K, for further discussion on forward-looking statements and the risks and other factors that could prevent us from achieving our goals and cause the assumptions underlying the forward-looking statements and the actual results to differ materially from those expressed in or implied by those forward-looking statements.

With state and federal prison populations growing by approximately 16% since 2000, the private corrections industry has played an increasingly important role in addressing U.S. detention and correctional needs. The number of State and Federal prisoners housed in private facilities has increased by 47% since the year 2000 with the Federal government and states such as Arizona, Texas and Florida accounting for a significant portion of the increase. At year-end 2008, 8.0% of the estimated 1.6 million State and Federal prisoners incarcerated in the United States were held in private facilities, up from 6.3% in 2000. In addition to our strong positions in Texas and Florida and in the U.S. market in general, we believe we are the only publicly traded U.S. correctional company with international operations. With the existing operations in South Africa, Australia, and the United Kingdom beginning, we believe that our international presence positions us to capitalize on growth opportunities within the private corrections and detention industry in new and established international markets.

We intend to pursue a diversified growth strategy by winning new customers and contracts, expanding our government services portfolio and pursuing selective acquisition opportunities. We achieve organic growth through competitive bidding that begins with the issuance by a government agency of a request for proposal, or RFP. We primarily rely on the RFP process for organic growth in our U.S. and international corrections operations as well as in our mental health and residential treatment services. We believe that our long operating history and reputation have earned us credibility with both existing and prospective clients when bidding on new facility management contracts or when renewing existing contracts. Our success in the RFP process has resulted in a pipeline of new projects with significant revenue potential. In 2009, we activated eight new or expansion projects representing 2,698 additional beds. This compares to the eight new or expansion projects activated in 2008 representing 6,120 new beds. As of January 3, 2010, we have three facilities under various stages of development or pending commencement of operations which represent 4,325 beds. In addition to pursuing organic growth through the RFP process, we will from time to time selectively consider the financing and construction of new facilities or expansions to existing facilities on a speculative basis without having a signed contract with a known customer. We also plan to leverage our experience to expand the range of government-outsourced services that we provide. We will continue to pursue selected acquisition opportunities in our core services and other government services areas that meet our criteria for growth and profitability.

Revenue

Domestically, we continue to be encouraged by the number of opportunities that have recently developed in the privatized corrections and detention industry. Overcrowding at corrections facilities in various states, most recently California and Arizona and increased demand for bed space at federal prisons and detention facilities are two of the factors that have contributed to the greater number of opportunities for privatization. However, these positive trends may in the future be impacted by government budgetary constraints. According to the National Conference on State Legislatures, as of November 30, 2009, thirty-nine states were projecting that general fund revenues in fiscal year 2010 will be lower than in fiscal year 2009 and 35 states projected budget gaps in fiscal year 2011 with the sum of those budget imbalances totaling \$55.5 billion. As a result of budgetary pressures, state correctional agencies may pursue a number of cost savings initiatives which may include the early release of inmates, changes to parole laws and sentencing guidelines, and reductions in per diem rates and/or the scope services provided by private operators. These potential cost savings initiatives could have a material adverse impact on our current operations and/or our ability to pursue new business opportunities. Additionally, if state budgetary constraints, as discussed above, persist or intensify, our state customers' ability to pay us may be impaired and/or we may be forced to renegotiate our management contracts on less favorable terms and our financial condition results of operations or cash flows could be

materially adversely impacted. We plan to actively bid on any new projects that fit our target profile for profitability and operational risk. Although we are pleased with the overall industry outlook, positive trends in the industry may be offset by several factors, including budgetary constraints, unanticipated contract terminations, contract non-renewals, and/or contract re-bids. Additionally, several of our management contracts are up for renewal and/or re-bid in 2010. Although we have historically had a relative high contract renewal rate, there can be no assurance that we will be able to renew our management contracts scheduled to expire in 2010 on favorable terms, or at all. Also, while we are pleased with our track record in re-bid situations, we cannot assure that we will prevail in any such future situations.

Internationally, in the United Kingdom and in Australia, we recently began the operation and management under two new contracts with an aggregate of 1,083 beds. These projects commenced operations the second half of fiscal year 2009. In South Africa, we have bid on projects for the design, construction and operation of four 3,000-bed prison projects totaling 12,000 beds. Requests for Proposal were issued in December 2008 and we submitted our bids on the projects at the end of May 2009. We expect preferred bidders to be announced in the first half of 2010 and anticipate final close to occur within six months thereafter. No more than two prison projects can be awarded to any one bidder. We believe that additional opportunities will become available in international markets and plan to actively bid on any opportunities that fit our target profile for profitability and operational risk.

With respect to our mental health/residential treatment services business conducted through our wholly-owned subsidiary, GEO Care, we are currently pursuing a number of business development opportunities. In September 2009, we acquired Just Care, and began management of the 354-bed Columbia Care Regional Center in the fourth fiscal quarter. In addition, we continue to expend resources on informing state and local governments about the benefits of privatization and we anticipate that there will be new opportunities in the future as those efforts begin to yield results. We believe we are well positioned to capitalize on any suitable opportunities that become available in this area.

Operating Expenses

Operating expenses consist of those expenses incurred in the operation and management of our correctional, detention and mental health facilities. Labor and related cost represented 52.4% of our operating expenses in the fiscal year 2009. Additional significant operating expenses include food, utilities and inmate medical costs. In 2009, operating expenses totaled 78.6% of our consolidated revenues. Our operating expenses as a percentage of revenue in 2010 will be impacted by the opening of any new facilities. We also expect our results in 2010 to reflect increases to interest expense due to higher rates related to incremental borrowings on our Senior Credit Facility, more average indebtedness and less capitalized interest due to a decrease in construction activity. We also expect increases to depreciation expense due to the carrying costs we will incur for two newly constructed and expanded facilities for which we have no corresponding management contract for the expansion beds. We expect that a portion of these increases may be offset by a savings to depreciation expense. We are currently reviewing the useful lives for our owned facilities and expect that some of the lives of these assets may increase as a result. Overall, excluding any start-up expenses, depreciation expense and interest expense, we anticipate that operating expenses as a percentage of our revenue will remain relatively flat, consistent with our fiscal year ended January 3, 2010.

General and Administrative Expenses

General and administrative expenses consist primarily of corporate management salaries and benefits, professional fees and other administrative expenses. In 2009, general and administrative expenses totaled 6.1% of our consolidated revenues. We expect general and administrative expenses as a percentage of revenue in 2010 to be generally consistent with our general and administrative expenses for 2009. We expect business development costs to remain consistent as we pursue additional business development opportunities in all of our business lines and build the corporate infrastructure necessary to support our mental health residential treatment services business. We also plan to continue expending resources from time to time on the evaluation of potential acquisition targets.

Forward-Looking Statements — Safe Harbor

This report and the documents incorporated by reference herein contain “forward-looking” statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. “Forward-looking” statements are any statements that are not based on historical information. Statements other than statements of historical facts included in this report, including, without limitation, statements regarding our future financial position, business strategy, budgets, projected costs and plans and objectives of management for future operations, are “forward-looking” statements. Forward-looking statements generally can be identified by the use of forward-looking terminology such as “may,” “will,” “expect,” “anticipate,” “intend,” “plan,” “believe,” “seek,” “estimate” or “continue” or the negative of such words or variations of such words and similar expressions. These statements are not guarantees of future performance and involve certain risks, uncertainties and assumptions, which are difficult to predict. Therefore, actual outcomes and results may differ materially from what is expressed or forecasted in such forward-looking statements and we can give no assurance that such forward-looking statements will prove to be correct. Important factors that could cause actual results to differ materially from those expressed or implied by the forward-looking statements, or “cautionary statements,” include, but are not limited to:

- our ability to timely build and/or open facilities as planned, profitably manage such facilities and successfully integrate such facilities into our operations without substantial additional costs;
- the instability of foreign exchange rates, exposing us to currency risks in Australia, the United Kingdom, and South Africa, or other countries in which we may choose to conduct our business;
- our ability to reactivate the North Lake Correctional Facility;
- an increase in unreimbursed labor rates;
- our ability to expand, diversify and grow our correctional and mental health and residential treatment services;
- our ability to win management contracts for which we have submitted proposals and to retain existing management contracts;
- our ability to raise new project development capital given the often short-term nature of the customers’ commitment to use newly developed facilities;
- our ability to estimate the government’s level of dependency on privatized correctional services;
- our ability to accurately project the size and growth of the U.S. and international privatized corrections industry;
- our ability to develop long-term earnings visibility;
- our ability to obtain future financing at competitive rates;
- our exposure to rising general insurance costs;
- our exposure to state and federal income tax law changes internationally and domestically;
- our exposure to claims for which we are uninsured;
- our exposure to rising employee and inmate medical costs;
- our ability to maintain occupancy rates at our facilities;
- our ability to manage costs and expenses relating to ongoing litigation arising from our operations;
- our ability to accurately estimate on an annual basis, loss reserves related to general liability, workers compensation and automobile liability claims;
- our ability to identify suitable acquisitions, and to successfully complete and integrate such acquisitions on satisfactory terms;

- the ability of our government customers to secure budgetary appropriations to fund their payment obligations to us; and
- other factors contained in our filings with the Securities and Exchange Commission, or the SEC, including, but not limited to, those detailed in this annual report on Form 10-K, our Form 10-Qs and our Form 8-Ks filed with the SEC.

We undertake no obligation to update publicly any forward-looking statements, whether as a result of new information, future events or otherwise. All subsequent written and oral forward-looking statements attributable to us, or persons acting on our behalf, are expressly qualified in their entirety by the cautionary statements included in this report.

Item 7A. *Quantitative and Qualitative Disclosures About Market Risk*

Interest Rate Risk

We are exposed to market risks related to changes in interest rates with respect to our Senior Credit Facility. Payments under the Senior Credit Facility are indexed to a variable interest rate. Based on borrowings outstanding under the Senior Credit Facility portion of \$213.0 million as of January 3, 2010 for every one percent increase in the interest rate applicable to the Senior Credit Facility, our total annual interest expense would increase by \$2.1 million.

In November 2009, we executed three interest rate swap agreements in the aggregate notional amount of \$75.0 million. These interest rate swaps, which have payment, expiration dates and call provisions that mirror the terms of the Notes, effectively convert \$75.0 million of the Notes into variable rate obligations. Under these interest rate swaps, we receive a fixed interest rate payment from the financial counterparties to the agreements equal to $7\frac{3}{4}\%$ per year calculated on the notional \$75.0 million amount, while we make a variable interest rate payment to the same counterparties equal to the three-month LIBOR plus a fixed margin of between 4.235% and 4.29%, also calculated on the notional \$75.0 million amount. Effective January 6, 2010, we executed a fourth swap agreement relative to a notional amount of \$25.0 million of our $7\frac{3}{4}\%$ Senior Notes (See Note 20). For every one percent increase in the interest rate applicable to our aggregate notional \$100 million of swap agreements relative to the $7\frac{3}{4}\%$ Senior Notes, our annual interest expense would increase by \$1.0 million.

We have entered into certain interest rate swap arrangements for hedging purposes, fixing the interest rate on our Australian non-recourse debt to 9.7%. The difference between the floating rate and the swap rate on these instruments is recognized in interest expense within the respective entity. Because the interest rates with respect to these instruments are fixed, a hypothetical 100 basis point change in the current interest rate would not have a material impact on our financial condition or results of operations.

Additionally, we invest our cash in a variety of short-term financial instruments to provide a return. These instruments generally consist of highly liquid investments with original maturities at the date of purchase of three months or less. While these instruments are subject to interest rate risk, a hypothetical 100 basis point increase or decrease in market interest rates would not have a material impact on our financial condition or results of operations.

Foreign Currency Exchange Rate Risk

We are exposed to market risks related to fluctuations in foreign currency exchange rates between the U.S. Dollar, the Australian Dollar, the Canadian Dollar, the South African Rand and the British Pound currency exchange rates. Based upon our foreign currency exchange rate exposure as of January 3, 2010 with respect to our international operations, every 10 percent change in historical currency rates would have a \$5.0 million effect on our financial position and a \$0.8 million impact on our results of operations over the next fiscal year.

Item 8. Financial Statements and Supplementary Data

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

To the Shareholders of
The GEO Group, Inc.:

The accompanying consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States. They include amounts based on judgments and estimates.

Representation in the consolidated financial statements and the fairness and integrity of such statements are the responsibility of management. In order to meet management's responsibility, the Company maintains a system of internal controls and procedures and a program of internal audits designed to provide reasonable assurance that our assets are controlled and safeguarded, that transactions are executed in accordance with management's authorization and properly recorded, and that accounting records may be relied upon in the preparation of financial statements.

The consolidated financial statements have been audited by Grant Thornton LLP, independent registered public accountants, whose appointment by our Audit Committee was ratified by our shareholders. Their report expresses a professional opinion as to whether management's consolidated financial statements considered in their entirety present fairly, in conformity with accounting principles generally accepted in the United States, the Company's financial position and results of operations. Their audit was conducted in accordance with the standards of the Public Company Accounting Oversight Board (United States). The effectiveness of our internal control over financial reporting as of January 3, 2010 has been audited by Grant Thornton LLP, independent registered public accountants, as stated in their report which is included in this Form 10-K.

The Audit Committee of the Board of Directors meets periodically with representatives of management, the independent registered public accountants and our internal auditors to review matters relating to financial reporting, internal accounting controls and auditing. Both the internal auditors and the independent registered certified public accountants have unrestricted access to the Audit Committee to discuss the results of their reviews.

George C. Zoley
Chairman and Chief Executive Officer

Wayne H. Calabrese
*Vice Chairman, President
and Chief Operating Officer*

Brian R. Evans
*Senior Vice President and Chief Financial
Officer*

MANAGEMENT'S ANNUAL REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

Our management is responsible for establishing and maintaining adequate internal control over financial reporting as defined in Rules 13a-15(f) and 15d-15(f) under the Securities Exchange Act of 1934. The Company's internal control over financial reporting is a process designed under the supervision of the Company's Chief Executive Officer and Chief Financial Officer that: (i) pertains to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the Company's assets; (ii) provides reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements for external reporting in accordance with accounting principles generally accepted in the United States, and that receipts and expenditures are being made only in accordance with authorization of the Company's management and directors; and (iii) provides reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use or disposition of the Company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate. Management has assessed the effectiveness of the Company's internal control over financial reporting as of January 3, 2010. In making its assessment of internal control over financial reporting, management used the criteria set forth by the Committee of Sponsoring Organizations ("COSO") of the Treadway Commission in Internal Control — Integrated Framework.

The Company evaluated, with the participation of its Chief Executive Officer and Chief Financial Officer, its internal control over financial reporting as of January 3, 2010, based on the COSO *Internal Control — Integrated Framework*. Based on this evaluation, the Company's management concluded that as of January 3, 2010, its internal control over financial reporting is effective in providing reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles.

Grant Thornton LLP, the independent registered public accounting firm that audited the financial statements included in this Annual Report on Form 10-K, has issued an attestation report on our internal control over financial reporting.

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

Board of Directors and Shareholders of
The GEO Group, Inc.

We have audited The GEO Group, Inc. and subsidiaries' (the "Company") internal control over financial reporting as of January 3, 2010, based on criteria established in *Internal Control — Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). The Company's management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying Management's Annual Report on Internal Control Over Financial Reporting. Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit.

We conducted our audit in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, testing and evaluating the design and operating effectiveness of internal control based on the assessed risk, and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

In our opinion, The GEO Group, Inc. and subsidiaries maintained, in all material respects, effective internal control over financial reporting as of January 3, 2010, based on criteria established in *Internal Control-Integrated Framework* issued by COSO.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated balance sheets of The GEO Group, Inc. and subsidiaries as of January 3, 2010 and December 28, 2008, and the related consolidated statements of income, shareholders' equity and comprehensive income and cash flows for each of the three years in the period ended January 3, 2010, and our report dated February 22, 2010 expressed an unqualified opinion on those financial statements.

/s/ Grant Thornton LLP

Miami, Florida
February 22, 2010

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

Board of Directors and
Shareholders of The GEO Group, Inc.

We have audited the accompanying consolidated balance sheets of The GEO Group, Inc. and subsidiaries (the "Company") as of January 3, 2010 and December 28, 2008, and the related consolidated statements of income, shareholders' equity and comprehensive income and cash flows for each of the three years in the period ended January 3, 2010. Our audits of the basic financial statements included the financial statement schedule listed in the index appearing under Item 15. These financial statements and financial statement schedule are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements and financial statement schedule based on our audits.

We conducted our audits in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The GEO Group, Inc. and subsidiaries as of January 3, 2010 and December 28, 2008, and the results of their operations and their cash flows for each of the three years in the period ended January 3, 2010 in conformity with accounting principles generally accepted in the United States of America. Also in our opinion, the related financial statement schedule, when considered in relation to the basic financial statements taken as a whole, presents fairly, in all material respects, the information set forth therein.

As discussed in Note 18, the Company adopted new accounting guidance on January 1, 2007 related to the accounting for uncertainty in income tax reporting.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), The GEO Group, Inc. and subsidiaries' internal control over financial reporting as of January 3, 2010, based on criteria established in Internal Control — Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO) and our report dated February 22, 2010 expressed an unqualified opinion thereon.

/s/ Grant Thornton LLP

Miami, Florida
February 22, 2010

THE GEO GROUP, INC.

CONSOLIDATED STATEMENTS OF INCOME

Fiscal Years Ended January 3, 2010, December 28, 2008, and December 30, 2007

	2009	2008	2007
	(In thousands, except per share data)		
Revenues	\$ 1,141,090	\$ 1,043,006	\$ 976,299
Operating Expenses	897,356	822,659	788,503
Depreciation and Amortization	39,306	37,406	33,218
General and Administrative Expenses	69,240	69,151	64,492
Operating Income	135,188	113,790	90,086
Interest Income	4,943	7,045	8,746
Interest Expense	(28,518)	(30,202)	(36,051)
Loss on Extinguishment of Debt	(6,839)	—	(4,794)
Income Before Income Taxes, Equity in Earnings of Affiliates, and Discontinued Operations	104,774	90,633	57,987
Provision for Income Taxes	41,991	33,803	22,049
Equity in Earnings of Affiliates, net of income tax provision (benefit) of \$1,368, (\$805), and \$1,030	3,517	4,623	2,151
Income from Continuing Operations	66,300	61,453	38,089
Income (loss) from Discontinued Operations, net of tax provision (benefit) of (\$216), \$236, and \$2,310	(346)	(2,551)	3,756
Net Income	\$ 65,954	\$ 58,902	\$ 41,845
Weighted Average Common Shares Outstanding:			
Basic	50,879	50,539	47,727
Diluted	51,922	51,830	49,192
Earnings (loss) per Common Share:			
Basic:			
Income from continuing operations	\$ 1.30	\$ 1.22	\$ 0.80
Income (loss) from discontinued operations	—	(0.05)	0.08
Net income per share — basic	\$ 1.30	\$ 1.17	\$ 0.88
Diluted:			
Income from continuing operations	\$ 1.28	\$ 1.19	\$ 0.77
Income (loss) from discontinued operations	(0.01)	(0.05)	0.08
Net income per share — diluted	\$ 1.27	\$ 1.14	\$ 0.85

The accompanying notes are an integral part of these consolidated financial statements.

THE GEO GROUP, INC.
CONSOLIDATED BALANCE SHEETS
January 3, 2010 and December 28, 2008

	2009	2008
	(In thousands, except share data)	
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 33,856	\$ 31,655
Restricted cash	13,313	13,318
Accounts receivable, less allowance for doubtful accounts of \$429 and \$625	200,756	199,665
Deferred income tax asset, net	17,020	17,340
Other current assets	14,689	12,911
Current assets of discontinued operations	—	7,031
Total current assets	279,634	281,920
Restricted Cash	20,755	19,379
Property and Equipment, Net	998,560	878,616
Assets Held for Sale	4,348	4,348
Direct Finance Lease Receivable	37,162	31,195
Deferred Income Tax Assets, Net	—	4,417
Goodwill	40,090	22,202
Intangible Assets, Net	17,579	12,393
Other Non-Current Assets	49,690	33,942
Non-Current Assets of Discontinued Operations	—	209
	\$ 1,447,818	\$ 1,288,621
LIABILITIES AND SHAREHOLDERS' EQUITY		
Current Liabilities		
Accounts payable	\$ 51,856	\$ 56,143
Accrued payroll and related taxes	25,209	27,957
Accrued expenses	80,759	82,442
Current portion of capital lease obligations, long-term debt and non-recourse debt	19,624	17,925
Current liabilities of discontinued operations	—	1,459
Total current liabilities	177,448	185,926
Deferred Income Tax Liability	7,060	14
Other Non-Current Liabilities	33,142	28,876
Capital Lease Obligations	14,419	15,126
Long-Term Debt	453,860	378,448
Non-Recourse Debt	96,791	100,634
Commitments and Contingencies (Note 14)		
Shareholders' Equity		
Preferred stock, \$0.01 par value, 30,000,000 shares authorized, none issued or outstanding	—	—
Common stock, \$0.01 par value, 90,000,000 shares authorized, 67,704,008 and 67,197,775 issued and 51,629,005 and 51,122,775 outstanding, respectively	516	511
Additional paid-in capital	351,550	344,175
Retained earnings	365,927	299,973
Accumulated other comprehensive income (loss)	5,496	(7,275)
Treasury stock 16,075,000 shares, at cost, at January 3, 2010 and December 28, 2008	(58,888)	(58,888)
Total shareholders' equity attributable to The GEO Group, Inc.	664,601	578,496
Noncontrolling interest	497	1,101
Total shareholders' equity	665,098	579,597
	\$ 1,447,818	\$ 1,288,621

The accompanying notes are an integral part of these consolidated financial statements.

THE GEO GROUP, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Fiscal Years Ended January 3, 2010, December 28, 2008, and December 30, 2007

	2009	2008	2007
	(In thousands)		
Cash Flow from Operating Activities:			
Net income	\$ 65,954	\$ 58,902	\$ 41,845
Adjustments to reconcile income from continuing operations to net cash provided by operating activities:			
Amortization of restricted stock-based compensation	3,509	3,015	2,474
Stock-based compensation expense	1,813	1,530	935
Depreciation and amortization expenses	39,306	37,406	33,218
Amortization of debt issuance costs and discount	3,412	3,042	2,524
Deferred tax provision (benefit)	10,010	2,656	(5,077)
Provision (Recovery) for doubtful accounts	139	602	(176)
Equity in earnings of affiliates, net of tax	(3,517)	(4,623)	(2,151)
Dividend to minority interest	(176)	(125)	(389)
Income tax benefit of equity compensation	(601)	(786)	(3,061)
Loss on sale of fixed assets	119	157	—
Loss on extinguishment of debt	6,839	—	4,794
Changes in assets and liabilities, net of acquisition			
Accounts receivable	6,852	(29,599)	(10,604)
Other current assets	(2,678)	2,120	(57)
Other assets	(1,117)	(2,418)	3,211
Accounts payable and accrued expenses	(4,089)	7,775	(2,457)
Accrued payroll and related taxes	(5,509)	(4,483)	1,517
Deferred revenue	—	—	(152)
Other liabilities	4,845	(814)	8,583
Net cash provided by operating activities of continuing operations	125,111	74,357	74,977
Net cash (used in) provided by operating activities of discontinued operations	5,818	(3,013)	3,951
Net cash provided by operating activities	130,929	71,344	78,928
Cash Flow from Investing Activities:			
Acquisitions, net of cash acquired	(38,386)	—	(410,473)
CSC purchase price adjustment	—	—	2,291
Proceeds from sale of assets	179	1,136	4,476
Purchase of shares in consolidated affiliate	—	(2,189)	—
Change in restricted cash	2,713	452	(20)
Capital expenditures	(149,779)	(130,990)	(115,204)
Net cash used in investing activities	(185,273)	(131,591)	(518,930)
Cash Flow from Financing Activities:			
Proceeds from equity offering, net	—	—	227,485
Proceeds from long-term debt	333,000	156,000	387,000
Income tax benefit of equity compensation	601	786	3,061
Debt issuance costs	(17,253)	(3,685)	(9,210)
Payments on long-term debt	(267,474)	(100,156)	(237,299)
Termination of interest rate swap agreements	1,719	—	—
Proceeds from the exercise of stock options	1,457	753	1,239
Net cash provided by financing activities	52,050	53,698	372,276
Effect of Exchange Rate Changes on Cash and Cash Equivalents	4,495	(6,199)	609
Net (Decrease) Increase in Cash and Cash Equivalents	2,201	(12,748)	(67,117)
Cash and Cash Equivalents, beginning of period	31,655	44,403	111,520
Cash and Cash Equivalents, end of period	\$ 33,856	\$ 31,655	\$ 44,403
Supplemental Disclosures:			
Cash paid during the year for:			
Income taxes	\$ 34,185	\$ 29,895	\$ 26,413
Interest	\$ 32,075	\$ 34,486	\$ 28,470
Non-cash operating activities:			
Proceeds receivable from insurance claim	\$ —	\$ —	\$ 2,118
Non-cash investing and financing activities:			
Fair value of assets acquired, net of cash acquired	\$ 44,239	\$ —	\$ 406,368
Extinguishment of pre-acquisition liabilities, net	\$ —	\$ —	\$ 6,663
Total liabilities assumed	\$ 5,853	\$ —	\$ 2,558
	\$ 38,386	\$ —	\$ 410,473
Short term borrowings for deposit on asset	\$ —	\$ —	\$ 5,000

The accompanying notes are an integral part of these consolidated financial statements.

THE GEO GROUP, INC.

CONSOLIDATED STATEMENTS OF SHAREHOLDERS' EQUITY
AND COMPREHENSIVE INCOME

Fiscal Years Ended January 3, 2010, December 28, 2008, and December 30, 2007

	GEO Group Inc. Shareholders									Total Shareholders' Equity
	Common Stock		Additional Paid-In Capital	Retained Earnings	Accumulated Other Comprehensive Income (Loss)	Treasury Stock		Noncontrolling Interest		
	Number of Shares	Amount				Number of Shares	Amount			
	(In thousands)									
Balance, December 31, 2006	39,497	\$ 395	\$ 143,035	\$ 201,697	\$ 2,393	(27,000)	\$ (98,910)	\$ 1,297	\$ 249,907	
Adoption of FIN 48 January 1, 2007 (Note 18)				(2,471)					(2,471)	
Proceeds from stock options exercised	267	3	1,236	—	—	—	—	—	1,239	
Tax benefit related to equity compensation			3,061						3,061	
Stock based compensation expense		—	935	—	—	—	—	—	935	
Restricted stock granted	300	3	(3)							
Restricted stock cancelled	(13)	—	—							
Amortization of restricted stock			2,474						2,474	
Issuance of treasury stock in conjunction with offering	10,925	109	187,354	—	—	10,925	40,022	—	227,485	
Dividends paid to noncontrolling interest on subsidiary common stock								(389)	(389)	
Comprehensive income:										
Net income				41,845				397		
Change in foreign currency translation, net of income tax expense of \$180					2,898			337		
Pension liability adjustment, net of income tax benefit of \$203					312					
Unrealized gain on derivative instruments, net of income tax expense of \$807					1,317					
Total comprehensive income									47,106	
Balance, December 30, 2007	50,976	510	338,092	241,071	6,920	(16,075)	(58,888)	1,642	529,347	
Proceeds from stock options exercised	171	1	752						753	
Tax benefit related to equity compensation			786						786	
Stock based compensation expense			1,530						1,530	
Restricted stock granted	24									
Restricted stock cancelled	(48)									
Amortization of restricted stock			3,015						3,015	
Purchase of subsidiary shares from noncontrolling interest								(626)	(626)	
Dividends paid to noncontrolling interest on subsidiary common stock								(125)	(125)	
Comprehensive income:										
Net income				58,902				376		
Change in foreign currency translation, net of income tax benefit of \$413					(10,742)			(166)		
Pension liability adjustment, net of income tax benefit of \$17					27					
Unrealized loss on derivative instruments, net of income tax benefit of \$2,113					(3,480)					
Total comprehensive income									44,917	
Balance, December 28, 2008	51,123	511	344,175	299,973	(7,275)	(16,075)	(58,888)	1,101	579,597	
Proceeds from stock options exercised	372	3	1,454						1,457	
Tax benefit related to equity compensation			601						601	
Stock based compensation expense			1,813						1,813	
Restricted stock granted	168	2	(2)							
Restricted stock cancelled	(34)									
Amortization of restricted stock			3,509						3,509	
Dividends paid to noncontrolling interest on subsidiary common stock								(176)	(176)	
Comprehensive income:										
Net income				65,954				169		
Change in foreign currency translation, net of income tax benefit of \$1,129					10,658			(597)		
Pension liability adjustment, net of income tax benefit of \$636					942					
Unrealized gain on derivative instruments, net of income tax benefit of \$645					1,171					

Total comprehensive income									78,297
Balance, January 3, 2010	51,629	\$ 516	\$ 351,550	\$ 365,927	\$ 5,496	(16,075)	\$ (58,888)	\$ 497	\$ 665,098

The accompanying notes are an integral part of these consolidated financial statements.

THE GEO GROUP, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS****For the Fiscal Years Ended January 3, 2010, December 28, 2008, and December 30, 2007****1. Summary of Business Operations and Significant Accounting Policies**

The GEO Group, Inc., a Florida corporation, and subsidiaries (the "Company", or "GEO") is a leading developer and manager of privatized correctional, detention and mental health residential treatment services facilities located in the United States, Australia, South Africa, the United Kingdom and Canada. The Company operates a broad range of correctional and detention facilities including maximum, medium and minimum security prisons, immigration detention centers, minimum security detention centers and mental health and residential treatment facilities. We also provide secure transportation services for offender and detainee populations as contracted. As of the fiscal year ended January 3, 2010, GEO managed 57 facilities totaling approximately 52,800 beds worldwide and had an additional 4,325 beds under development at three facilities, including an expansion and renovation of one vacant facility which we own, the expansion of one facility we currently own and operate and a new 2,000-bed facility which we will manage upon completion.

The consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States. The significant accounting policies of the Company are described below.

Fiscal Year

The Company's fiscal year ends on the Sunday closest to the calendar year end. Fiscal year 2009 included 53 weeks. Fiscal years 2008 and 2007 each included 52 weeks. The Company reports the results of its South African equity affiliate, South African Custodial Services Pty. Limited, ("SACS"), and its consolidated South African entity, South African Custodial Management Pty. Limited ("SACM") on a calendar year end, due to the availability of information.

Basis of Presentation

The consolidated financial statements include the accounts of the Company and all controlled subsidiaries. Investments in 50% owned affiliates, which the Company does not control, are accounted for under the equity method of accounting. Intercompany transactions and balances have been eliminated in consolidation.

Reclassifications

Certain prior year amounts related to the Company's noncontrolling interest in consolidated subsidiary have been reclassified to reflect the implementation of recent accounting rules related to the accounting for such interests in consolidated financial statements, which the Company adopted on December 29, 2008. All prior year amounts have been conformed to the current year presentation.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make certain estimates, judgments and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The Company's significant estimates include reserves for self-insured retention related to general liability insurance, workers' compensation insurance, auto liability insurance, medical malpractice insurance, employer group health insurance, percentage of completion and estimated cost to complete for construction projects, stock based compensation, and allowance for doubtful accounts. These estimates and assumptions affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. While the Company believes that such estimates are reasonable when considered in conjunction with the consolidated financial statements taken as a

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

whole, the actual amounts of such estimates, when known, will vary from these estimates. If actual results significantly differ from the Company's estimates, the Company's financial condition and results of operations could be materially impacted.

Cash and Cash Equivalents

Cash and cash equivalents include all interest-bearing deposits or investments with original maturities of three months or less. The Company maintains cash and cash equivalents with various financial institutions. These financial institutions are located throughout the United States, Australia, South Africa, Canada and the United Kingdom. A significant portion of the Company's unrestricted cash held at the Company and its subsidiaries is maintained with a small number of banks and, accordingly, the Company is subject to credit risk.

Accounts Receivable

The Company extends credit to the governmental agencies it contracts with and other parties in the normal course of business as a result of billing and receiving payment for services thirty to sixty days in arrears. Further, the Company regularly reviews outstanding receivables, and provides estimated losses through an allowance for doubtful accounts. In evaluating the level of established loss reserves, the Company makes judgments regarding its customers' ability to make required payments, economic events and other factors. As the financial condition of these parties change, circumstances develop or additional information becomes available, adjustments to the allowance for doubtful accounts may be required. The Company also performs ongoing credit evaluations of customers' financial condition and generally does not require collateral. The Company maintains reserves for potential credit losses, and such losses traditionally have been within its expectations.

Notes Receivable

The Company has notes receivable from its former joint venture partner in the United Kingdom related to a subordinated loan extended to the joint venture partner while an active member of the partnership. The balance outstanding as of January 3, 2010 and December 28, 2008 was \$3.5 million and \$3.4 million, respectively. The notes bear interest at a rate of 13%, have semi-annual payments due June 15 and December 15 through June 2018.

Restricted Cash

The Company's restricted cash balances are attributable to: (i) amounts held in escrow or in trust in connection with the 1,904-bed South Texas Detention Complex in Frio County, Texas and the 1,545-bed Northwest Detention Center in Tacoma, Washington, (ii) certain cash restriction requirements at the Company's wholly owned Australian subsidiary related to the non recourse debt and other guarantees, and (iii) amounts restricted in December 2009 to fund the GEO Group Deferred Compensation Plan. See Notes 13 and 16.

Property and Equipment

Property and equipment is stated at cost, less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. Buildings and improvements are depreciated over 2 to 40 years. Equipment and furniture and fixtures are depreciated over 3 to 10 years. Accelerated methods of depreciation are generally used for income tax purposes. Leasehold improvements are amortized on a straight-line basis over the shorter of the useful life of the improvement or the term of the lease. The Company performs ongoing evaluations of the estimated useful lives of the property and equipment for depreciation purposes. The estimated useful lives are determined and continually evaluated based on the

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

period over which services are expected to be rendered by the asset. Maintenance and repairs are expensed as incurred. Interest is capitalized in connection with the construction of correctional and detention facilities. Capitalized interest is recorded as part of the asset to which it relates and is amortized over the asset's estimated useful life.

The Company reviews long-lived assets to be held and used for impairment whenever events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable. If a long-lived asset is part of a group that includes other assets, the unit of accounting for the long-lived asset is its group. Generally, the Company groups its assets by facility for the purposes of considering whether any impairment exists. Determination of recoverability is based on an estimate of undiscounted future cash flows resulting from the use of the asset or asset group and its eventual disposition. When considering the future cash flows of a facility, the Company makes assumptions based on historical experience with its customers, terminal growth rates and weighted average cost of capital. While these estimates do not generally have a material impact on the impairment charges associated with managed-only facilities, the sensitivity increases significantly when considering the impairment on facilities that are either owned or leased by the Company. Events that would trigger an impairment assessment include deterioration of profits for a business segment that has long-lived assets, or when other changes occur that might impair recovery of long-lived assets such as the termination of a management contract. Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value less costs to sell. Measurement of an impairment loss for long-lived assets that management expects to hold and use is based on the fair value of the asset.

Assets Held Under Capital Leases

Assets held under capital leases are recorded at the lower of the net present value of the minimum lease payments or the fair value of the leased asset at the inception of the lease. Amortization expense is recognized using the straight-line method over the shorter of the estimated useful life of the asset or the term of the related lease and is included in depreciation expense.

Goodwill and Other Intangible Assets

Acquired intangible assets are recognized separately if the benefit of the intangible asset is obtained through contractual or other legal rights, or if the intangible asset can be sold, transferred, licensed, rented or exchanged, regardless of the Company's intent to do so. The Company has intangible assets as a result of business combinations in 2009 and in prior fiscal years and also in connection with the purchase of additional shares in the Company's consolidated joint venture. The Company's finite-lived intangible assets are primarily related to acquired facility management contracts and are amortized on a straight-line basis over the expected life of each contractual relationship. These intangible assets are amortized using a straight-line method. The Company reviews finite-lived intangible assets for impairment whenever an event occurs or circumstances change which indicate that the carrying amount of such assets may not be fully recoverable.

The Company's goodwill is subject to an annual impairment test. For the purposes of impairment testing, the Company determines the recoverability of goodwill by comparing its carrying value to the fair value of the reporting unit, which is the same as the operating segment. The Company performed its annual impairment test, on the measurement date, for the fiscal year ended January 3, 2010 and did not identify any impairment in the carrying value of its goodwill. In the fiscal year ended December 28, 2008, the Company wrote off goodwill of \$2.3 million associated with the termination of its transportation services business in the United Kingdom. There were no impairment charges recorded in the fiscal year ended December 30, 2007. See Notes 4 and 9.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

Variable Interest Entities

The Company evaluates its joint ventures and other entities in which it has a variable interest (a “VIE”), generally in the form of investments, loans, guarantees, or equity in order to determine if it is the primary beneficiary of the entity by considering qualitative and quantitative factors. Qualitative factors include evaluating distribution terms, proportional voting rights, decision making ability, and the capital structure. Quantitatively, the Company evaluates financial forecasts under various scenarios to determine which variable interest holders would absorb over 50% of the expected losses of the entity.

The Company does not consolidate its 50% owned South African joint venture in SACS, a VIE. The Company has determined it is not the primary beneficiary of SACS since it does not absorb a majority of the entity’s estimated losses nor does it receive a majority of the entity’s expected returns. Additionally, the Company does not have the ability to exercise significant influence over SACS. As such, this entity is accounted for as an equity affiliate. SACS was established in 2001, to design, finance and build the Kutama Sinthumule Correctional Centre and was subsequently, awarded a 25 year contract to design, construct, manage and finance a facility in Louis Trichardt, South Africa. To fund the construction of the prison, SACS obtained long-term financing from the government which is fully guaranteed, except in the event of default, for which the government provides an 80% guarantee. The Company’s maximum exposure for loss under this contract is limited to its investment in joint venture of \$12.2 million at January 3, 2010 and its guarantees related to SACS discussed in Note 13.

The Company consolidates South Texas Local Development Corporation (“STLDC”), a VIE. STLDC was created to finance construction for the development of a 1,904-bed facility in Frio County, Texas. STLDC issued \$49.5 million in taxable revenue bonds and has an operating agreement with STLDC, the owner of the complex, which provides it with the sole and exclusive right to operate and manage the detention center. The operating agreement and bond indenture require the revenue from the contract be used to fund the periodic debt service requirements as they become due. The net revenues, if any, after various expenses such as trustee fees, property taxes and insurance premiums are distributed to the Company to cover operating expenses and management fees. The Company is responsible for the entire operations of the facility including all operating expenses and is required to pay all operating expenses whether or not there are sufficient revenues. The bonds have a ten-year term and are non-recourse to the Company. At the end of the ten-year term of the bonds, title and ownership of the facility transfers from STLDC to the Company. See Note 13.

Noncontrolling interest in Subsidiary

On December 29, 2009, the Company adopted new accounting standards related to the reporting of noncontrolling interests. These standards clarify the classification of noncontrolling interests in the consolidated statements of financial position and the accounting for and reporting of transactions between the reporting entity and the holders of noncontrolling interests. The Company has applied these standards retrospectively in the presentation of its consolidated balance sheets for all periods presented by reflecting its noncontrolling interest, discussed further below, as a separate component of equity. The income attributable to the noncontrolling interest is not material to the Company’s results of operations and is not presented separately.

The Company includes the results of operations and financial position of South African Custodial Management Pty. Limited (“SACM” or the “joint venture”), its majority-owned subsidiary, in its consolidated financial statements. SACM was established in 2001 to operate correctional centers in South Africa. The joint venture currently provides security and other management services for the Kutama Sinthumule Correctional Centre in the Republic of South Africa under a 25-year management contract which commenced in February 2002. On October 29, 2008, the Company, along with one other joint venture partner, executed a Sale of Shares Agreement for the purchase of a portion of the remaining noncontrolling shares of SACM which changed the Company’s share in the profits of the joint venture from 76.25% to 88.75%. All of the

THE GEO GROUP, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)**

noncontrolling shares of the third joint venture partner were allocated between the Company and the second joint venture partner on a pro rata basis based on their respective ownership percentages. There were no changes in the Company's ownership percentage of the consolidated subsidiary during the fiscal year ended January 3, 2010.

Fair Value Measurements

The Company carries certain of its assets and liabilities at fair value, measured on a recurring basis, in the accompanying consolidated balance sheets. The Company also has certain assets and liabilities which are not carried at fair value in its accompanying balance sheets and discloses the fair value measurements for those assets and liabilities in Note 11. In fiscal 2009, the Company adopted accounting standards which establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels which distinguish between assumptions based on market data (observable inputs) and the Company's assumptions (unobservable inputs). The level in the fair value hierarchy within which the respective fair value measurement falls is determined based on the lowest level input that is significant to the measurement in its entirety. Level 1 inputs are quoted market prices in active markets for identical assets or liabilities, Level 2 inputs are other than quotable market prices included in Level 1 that are observable for the asset or liability either directly or indirectly through corroboration with observable market data. Level 3 inputs are unobservable inputs for the assets or liabilities that reflect management's own assumptions about the assumptions market participants would use in pricing the asset or liability.

Revenue Recognition

Facility management revenues are recognized as services are provided under facility management contracts with approved government appropriations based on a net rate per day per inmate or on a fixed monthly rate. Certain of the Company's contracts have provisions upon which a portion of the revenue is based on the performance of certain targets, as defined in the specific contract. In these cases, the Company recognizes revenue when the amounts are fixed and determinable and the time period over which the conditions have been satisfied has lapsed. In many instances, the Company is a party to more than one contract with a single entity. In these instances, each contract is accounted for separately.

The Company earns construction revenue from its contracts with certain customers to perform construction and design services ("project development services") for various facilities. In these instances, the Company acts as the primary developer and sub contracts with bonded National and/or Regional Design Build Contractors. These construction revenues are recognized as earned on a percentage of completion basis measured by the percentage of costs incurred to date as compared to the estimated total cost for each contract. This method is used because the Company considers costs incurred to date to be the best available measure of progress on these contracts. Provisions for estimated losses on uncompleted contracts and changes to cost estimates are made in the period in which the Company determines that such losses and changes are probable. Typically, the Company enters into fixed price contracts and does not perform additional work unless approved change orders are in place. Costs attributable to unapproved change orders are expensed in the period in which the costs are incurred if the Company believes that it is not probable that the costs will be recovered through a change in the contract price. If the Company believes that it is probable that the costs will be recovered through a change in the contract price, costs related to unapproved change orders are expensed in the period in which they are incurred, and contract revenue is recognized to the extent of the costs incurred. Revenue in excess of the costs attributable to unapproved change orders is not recognized until the change order is approved. Construction costs include all direct material and labor costs and those indirect costs related to contract performance. Changes in job performance, job conditions, and estimated profitability, including those arising from contract penalty provisions, and final contract settlements, may result in revisions to estimated costs and income, and are recognized in the period in which the revisions are determined. As the primary contractor, the Company is exposed to the various risks associated with construction, including the risk of cost

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

overruns. Accordingly, the Company records its construction revenue on a gross basis. The related cost of construction activities is included in Operating Expenses.

When evaluating multiple element arrangements for certain contracts where the Company provides project development services to its clients in addition to standard management services, the Company follows provisions established by FASB ASC. This revenue recognition guidance related to multiple deliverables in an arrangement provides guidance on determining if separate contracts should be evaluated as a single arrangement and if an arrangement involves a single unit of accounting or separate units of accounting and if the arrangement is determined to have separate units, how to allocate amounts received in the arrangement for revenue recognition purposes. In instances where the Company provides these project development services and subsequent management services, generally, the arrangement results in no delivered elements at the onset of the agreement. The elements are delivered over the contract period as the project development and management services are performed. Project development services are not provided separately to a customer without a management contract and therefore, the value of the project development deliverable, is determined using the residual method.

Lease Revenue

The Company owns two facilities that are leased to unrelated third parties. The first lease has an initial term which expires in July 2013 with an option to terminate in July 2010. The second lease has a term of ten years and expires in January 2018. Both of these leases have options to extend for up to three additional five-year terms. The carrying value of these assets included in property and equipment at January 3, 2010 and December 28, 2008 was \$51.8 million and \$53.0 million, respectively, net of accumulated depreciation of \$3.4 million and \$2.2 million, respectively. The Company also receives a small amount of rental income related to the sublease of an office space for which both the sublease and the Company's obligation under the original lease expire November 2010. Rental income received on these leases for the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007 was \$5.9 million, \$5.7 million and \$4.0 million, respectively.

<u>Fiscal Year</u>	<u>Annual Rental</u> <u>(In thousands)</u>
2010	\$ 6,151
2011	6,321
2012	6,452
2013	6,586
2014	6,725
Thereafter	16,740
	<u>\$ 48,975</u>

Income Taxes

Deferred income taxes are determined based on the estimated future tax effects of differences between the financial statement and tax basis of assets and liabilities given the provisions of enacted tax laws. Significant judgments are required to determine the consolidated provision for income taxes. Deferred income tax provisions and benefits are based on changes to the assets or liabilities from year to year. Realization of the Company's deferred tax assets is dependent upon many factors such as tax regulations applicable to the jurisdictions in which it operates, estimates of future taxable income and the character of such taxable income. Based on the Company's estimate of future earnings and its favorable earnings history, management currently expects full realization of the deferred tax assets net of any recorded valuation allowances. Additionally, judgment must be made as to certain tax positions which may not be fully sustained upon review by tax

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

authorities. If actual circumstances differ from the Company's assumptions, adjustments to the carrying value of deferred tax assets or liabilities may be required, which may result in an adverse impact on the results of operations and the Company's effective tax rate. Valuation allowances are recorded related to deferred tax assets based on "more likely than not" criteria. Management has not made any significant changes to the way the Company accounts for its deferred tax assets and liabilities in any year presented in the consolidated financial statements.

Earnings Per Share

Basic earnings per share is computed by dividing income from continuing operations by the weighted-average number of common shares outstanding. The calculation of diluted earnings per share is similar to that of basic earnings per share, except that the denominator includes dilutive common share equivalents such as share options and restricted shares.

Direct Finance Leases

The Company accounts for the portion of its contracts with certain governmental agencies that represent capitalized lease payments on buildings and equipment as investments in direct finance leases. Accordingly, the minimum lease payments to be received over the term of the leases less unearned income are capitalized as the Company's investments in the leases. Unearned income is recognized as income over the term of the leases using the effective interest method.

Reserves for Insurance Losses

The nature of the Company's business exposes it to various types of third-party legal claims, including, but not limited to, civil rights claims relating to conditions of confinement and/or mistreatment, sexual misconduct claims brought by prisoners or detainees, medical malpractice claims, claims relating to employment matters (including, but not limited to, employment discrimination claims, union grievances and wage and hour claims), property loss claims, environmental claims, automobile liability claims, contractual claims and claims for personal injury or other damages resulting from contact with the Company's facilities, programs, personnel or prisoners, including damages arising from a prisoner's escape or from a disturbance or riot at a facility. In addition, the Company's management contracts generally require it to indemnify the governmental agency against any damages to which the governmental agency may be subject in connection with such claims or litigation. The Company maintains a broad program of insurance coverage for these general types of claims, except for claims relating to employment matters, for which the Company carries no insurance. There can be no assurance that the Company's insurance coverage will be adequate to cover all claims to which it may be exposed. The Company currently maintains a general liability policy and excess liability policy for all U.S. corrections operations with limits of \$62.0 million per occurrence and in the aggregate. A separate \$35.0 million limit applies to medical professional liability claims arising out of correctional healthcare services. The Company's wholly owned subsidiary, GEO Care, Inc., is insured under their own program for general liability and medical professional liability with a specific loss limit of \$35.0 million per occurrence and in the aggregate. The Company is uninsured for any claims in excess of these limits. For most casualty insurance policies, the Company carries substantial deductibles or self-insured retentions — \$3.0 million per occurrence for general liability and hospital professional liability, \$2.0 million per occurrence for workers' compensation and \$1.0 million per occurrence for automobile liability. The Company also maintains insurance to cover property and other casualty risks including workers' compensation, environmental liability and automobile liability.

With respect to its operations in South Africa, United Kingdom and Australia, the Company utilizes a combination of locally-procured insurance and global policies to meet contractual insurance requirements and

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

protect the Company. The Company's Australian subsidiary is required to carry tail insurance on a general liability policy providing an extended reporting period through 2011 related to a discontinued contract.

In addition, certain of the Company's facilities located in Florida and determined by insurers to be in high-risk hurricane areas carry substantial windstorm deductibles. Since hurricanes are considered unpredictable future events, no reserves have been established to pre-fund for potential windstorm damage. Limited commercial availability of certain types of insurance relating to windstorm exposure in coastal areas and earthquake exposure mainly in California may prevent the Company from insuring some of its facilities to full replacement value.

Of the reserves discussed above, the Company's most significant insurance reserves relate to workers' compensation and general liability claims. These reserves are undiscounted and were \$27.2 million and \$25.5 million as of January 3, 2010 and December 28, 2008, respectively. The Company uses statistical and actuarial methods to estimate amounts for claims that have been reported but not paid and claims incurred but not reported. In applying these methods and assessing their results, the Company considers such factors as historical frequency and severity of claims at each of its facilities, claim development, payment patterns and changes in the nature of its business, among other factors. Such factors are analyzed for each of the Company's business segments. The Company's estimates may be impacted by such factors as increases in the market price for medical services and unpredictability of the size of jury awards. The Company also may experience variability between its estimates and the actual settlement due to limitations inherent in the estimation process, including the Company's ability to estimate costs of processing and settling claims in a timely manner as well as its ability to accurately estimate its exposure at the onset of a claim. Because the Company has high deductible insurance policies, the amount of its insurance expense is dependent on its ability to control claims experience. If actual losses related to insurance claims significantly differ from estimates, the Company's financial condition, results of operations and cash flows could be materially impacted.

Debt Issuance Costs

Debt issuance costs totaling \$17.9 million and \$9.6 million at January 3, 2010, and December 28, 2008, respectively, are included in other non-current assets in the consolidated balance sheets and are amortized to interest expense using the effective interest method, over the term of the related debt.

Comprehensive Income

The Company's comprehensive income is comprised of net income, foreign currency translation adjustments, net unrealized loss on derivative instruments, and pension liability adjustments in the Consolidated Statements of Shareholders' Equity and Comprehensive Income.

Concentration of Credit Risk

At times the Company may have significant amounts of cash and cash equivalents at financial institutions that are in excess of federally insured limits. Other than cash, financial instruments that potentially subject the Company to concentrations of credit risk consist principally of trade accounts receivable, a direct finance lease receivable, long-term debt and financial instruments used in hedging activities. The Company's cash management and investment policies restrict investments to low-risk, highly liquid securities, and the Company performs periodic evaluations of the credit standing of the financial institutions with which it deals.

Foreign Currency Translation

The Company's foreign operations use their local currencies as their functional currencies. Assets and liabilities of the operations are translated at the exchange rates in effect on the balance sheet date and

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

shareholders' equity is translated at historical rates. Income statement items are translated at the average exchange rates for the year. The positive (negative) impact of foreign currency fluctuation is included in shareholders' equity as a component of accumulated other comprehensive income, net of income tax, and totaled \$10.7 million, \$(10.7) million and \$2.9 million for the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007, respectively. The cumulative income (loss) on foreign currency translation recorded as a component of shareholders' equity as of January 3, 2010 and December 28, 2008 was \$4.8 million and (\$5.8) million, respectively.

Derivatives

The Company's primary objective in holding derivatives is to reduce the volatility of earnings and cash flows associated with changes in interest rates. The Company measures its derivative financial instruments at fair value and records derivatives as either assets or liabilities on the balance sheet. For derivatives that are designed as and qualify as effective cash flow hedges, the portion of gain or loss on the derivative instrument effective at offsetting changes in the hedged item is reported as a component of accumulated other comprehensive income and reclassified into earnings when the hedged transaction affects earnings. For derivative instruments that are designated as and qualify as effective fair value hedges, the gain or loss on the derivative instrument as well as the offsetting gain or loss on the hedged item attributable to the hedged risk is recognized in current earnings as interest income (expense) during the period of the change in fair values.

The Company formally documents all relationships between hedging instruments and hedge items, as well as its risk-management objective and strategy for undertaking various hedge transactions. This process includes attributing all derivatives that are designated as cash flow hedges to floating rate liabilities and attributing all derivatives that are designated as fair value hedges to fixed rate liabilities. The Company also assesses whether each derivative is highly effective in offsetting changes in the cash flows of the hedged item. Fluctuations in the value of the derivative instruments are generally offset by changes in the hedged item; however, if it is determined that a derivative is not highly effective as a hedge or if a derivative ceases to be a highly effective hedge, the Company will discontinue hedge accounting prospectively for the affected derivative.

Stock-Based Compensation Expense

The Company recognizes the cost of stock based compensation awards based upon the grant date fair value of those awards. The Company uses a Black-Scholes option valuation model to estimate the fair value of each option awarded. The impact of forfeitures that may occur prior to vesting is also estimated and considered in the amount recognized.

The fair value of stock-based awards was estimated using the Black-Scholes option-pricing model with the following weighted average assumptions for fiscal years ending 2009, 2008 and 2007, respectively:

	2009	2008	2007
Risk free interest rates	2.00%	2.87%	4.80%
Expected term	4-5years	4-5years	4-5years
Expected volatility	41%	41%	40%
Expected dividend	—	—	—

Expected volatilities are based on the historical and implied volatility of the Company's common stock. The Company uses historical data to estimate award exercises and employee terminations within the valuation model. The expected term of the awards represents the period of time that awards granted are expected to be outstanding and is based on historical data and expected holding periods. The risk-free rate is based on the rate for five year U.S. Treasury Bonds, which is consistent with the expected term of the awards. See Note 3.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

Recent Accounting Pronouncements

Effective in July 2009, any changes to the source of authoritative U.S. GAAP promulgated by the Financial Accounting Standards Board ("FASB") are communicated through Accounting Standards Updates ("ASU"). ASU's are published for all authoritative U.S. GAAP promulgated by the FASB, regardless of the form in which such guidance may have been issued prior to release of the FASB ASC (e.g., FASB Statements, EITF Abstracts, FASB Staff Positions, etc.). FASB ASU's are also issued for amendments to the SEC content in the FASB ASC as well as for editorial changes.

The Company implemented the following accounting standards in the fiscal year ended January 3, 2010:

In December 2007, the FASB issued new guidance for the accounting of business combinations. This updated guidance clarifies the initial and subsequent recognition, subsequent accounting, and disclosure of assets and liabilities arising from contingencies in a business combination. This guidance requires that assets acquired and liabilities assumed in a business combination that arise from contingencies be recognized at fair value at the acquisition date if it can be determined during the measurement period. If the acquisition-date fair value of an asset or liability cannot be determined during the measurement period, the asset or liability will only be recognized at the acquisition date if it is both probable that an asset existed or liability has been incurred at the acquisition date, and if the amount of the asset or liability can be reasonably estimated. This requirement became effective for the Company as of December 29, 2008, the first day of its fiscal year. Additionally, this guidance, applies the concept of fair value and "more likely than not" criteria to accounting for contingent consideration, and pre-acquisition contingencies. The impact from the adoption of this change did not have a material effect on the Company's financial condition, results of operations or cash flows.

In April 2008, the FASB issued guidance relative to goodwill and other intangible assets which amends the factors that must be considered when developing renewal or extension assumptions used to determine the useful life over which to amortize the cost of a recognized intangible asset. This amendment requires an entity to consider its own assumptions about renewal or extension of the term of the arrangement, consistent with its expected use of the asset. This statement is effective for financial statements in fiscal years beginning after December 15, 2008 and as such, became effective for the Company on December 29, 2008. The impact from the adoption of this change did not have a material effect on the Company's financial condition, results of operations or cash flows.

In March 2008, the FASB issued guidance to companies relative to disclosures about its derivative and hedging activities which requires entities to provide greater transparency about (i) how and why an entity uses derivative instruments, (ii) how derivative instruments are accounted for, and (iii) how derivative instruments and related hedged items affect an entity's financial position, results of operations and cash flows. This guidance was effective for financial statements issued for fiscal years and interim periods beginning after November 15, 2008 and as such, became effective for the Company on December 29, 2008. The impact from the adoption of this change did not have a material effect on the Company's financial condition, results of operations or cash flows.

In August 2009, the FASB issued ASU No. 2009-5, which amends guidance relative to fair value measurements and disclosures to provide clarification that in circumstances in which a quoted price in an active market for the identical liability is not available, an entity is required to measure fair value utilizing one or more of the following techniques: (1) a valuation technique that uses the quoted market price of an identical liability or similar liabilities when traded as assets; or (2) another valuation technique that is consistent with the principles set forth in this topic, such as a present value technique. This revised guidance was effective for the Company's first reporting period after August 2009, which for the Company was September 28, 2009. The adoption of ASU No. 2009-5 did not have a material impact on the Company's financial position, results of operations or cash flows.

In addition to these standards, the Company also adopted standards as discussed in Note 1 and Note 20.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The following accounting standards have implementation dates subsequent to the fiscal year ended January 3, 2010 and as such, have not yet been adopted by the Company:

In October 2009, the FASB issued ASU No. 2009-13 which provides amendments to revenue recognition criteria for separating consideration in multiple element arrangements. As a result of these amendments, multiple deliverable arrangements will be separated more frequently than under existing GAAP. The amendments, among other things, establish the selling price of a deliverable, replace the term fair value with selling price and eliminate the residual method so that consideration would be allocated to the deliverables using the relative selling price method. This amendment also significantly expands the disclosure requirements for multiple element arrangements. This guidance will become effective for the Company prospectively for revenue arrangements entered into or materially modified in fiscal years beginning on or after June 15, 2010. The Company does not anticipate that the adoption of this standard will have a material impact on its financial position, results of operations or cash flows.

In December 2009, the FASB issued ASU No. 2009-17, previously known as FAS No. 167, "Amendments to FASB Interpretation No. FIN 46(R)" (SFAS No. 167). ASU No. 2009-17 amends the manner in which entities evaluate whether consolidation is required for VIEs. The consolidation requirements under the revised guidance require a company to consolidate a VIE if the entity has all three of the following characteristics (i) the power, through voting rights or similar rights, to direct the activities of a legal entity that most significantly impact the entity's economic performance, (ii) the obligation to absorb the expected losses of the legal entity (iii) the right to receive the expected residual returns of the legal entity. Further, this guidance requires that companies continually evaluate VIEs for consolidation, rather than assessing based upon the occurrence of triggering events. As a result of adoption, which becomes effective for interim and annual periods beginning after November 15, 2009, companies are required to enhance disclosures about how their involvement with a VIE affects its financial statements and exposure to risks. The Company does not anticipate that the adoption of this standard will have a material impact on its financial position, results of operations and cash flows.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

2. Business Acquisition

On September 30, 2009, the Company's wholly-owned mental health subsidiary, GEO Care, Inc. ("GEO Care"), acquired Just Care, Inc. ("Just Care"), a provider of detention healthcare focusing on the delivery of medical and mental health services. Just Care manages the 354-bed Columbia Regional Care Center located in Columbia, South Carolina. This facility houses medical and mental health residents for the State of South Carolina and the State of Georgia as well as special needs detainees under custody of the U.S. Marshals Service and U.S. Immigration and Customs Enforcement. This facility is operated by Just Care under a long-term lease with the State of South Carolina. The Company paid \$38.4 million, net cash acquired, which was funded by available borrowings from the revolving loan portion (the "Revolver") of the Company's Third Amended and restated Credit Agreement (the "Senior Credit Facility"). The purchase price was allocated to the identifiable assets acquired and liabilities assumed based on their estimated fair values, with the excess purchase price recorded as goodwill, none of which is deductible for Federal Income Tax purposes. The allocation of the purchase price is summarized below:

Current assets, net of cash acquired	\$ 3,774
Property and equipment	15,781
Facility management contracts	6,600
Goodwill	17,729
Deferred tax asset	286
Other non-current assets	69
Total assets acquired	<u>\$ 44,239</u>
Current liabilities	\$ (4,699)
Deferred tax liability	(731)
Non current liabilities	(423)
Total liabilities assumed	<u>\$ (5,853)</u>
Net assets acquired	<u>\$ 38,386</u>

In connection with its purchase of Just Care, the Company recorded certain assets and liabilities based on information available up through February 22, 2010, the date these financial statements were issued. The Company expects that additional information about facts and circumstances surrounding the fair value of certain of these assets and liabilities will be finalized during 2010. As a result, the provisional amounts recorded may be adjusted retrospectively to reflect the new information about facts and circumstances existing at the acquisition date that would have affected amounts recognized in goodwill. The Company does not expect these adjustments, if required, will have a material impact on its results of operations or financial position.

3. Equity Incentive Plans

The Company had awards outstanding under four equity compensation plans at January 3, 2010: The Wackenhut Corrections Corporation 1994 Stock Option Plan (the "1994 Plan"); the 1995 Non-Employee Director Stock Option Plan (the "1995 Plan"); the Wackenhut Corrections Corporation 1999 Stock Option Plan (the "1999 Plan"); and The GEO Group, Inc. 2006 Stock Incentive Plan (the "2006 Plan" and, together with the 1994 Plan, the 1995 Plan and the 1999 Plan, the "Company Plans").

On April 29, 2009, the Company's Board of Directors adopted and its shareholders approved several amendments to the 2006 Plan, including an amendment providing for the issuance of an additional 1,000,000 shares of the Company's common stock which increased the total amount of shares of common stock issuable pursuant to awards granted under the plan to 2,400,000 and specifying that up to 1,083,000 of such total shares pursuant to awards granted under the plan may constitute awards other than stock options

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

and stock appreciation rights, including shares of restricted stock. See “Restricted Stock” below for further discussion. On June 26, 2009, the Company’s Compensation Committee of the Board of Directors approved a grant of 163,000 restricted stock awards to certain employees. Additionally, on October 28, 2009, the Company’s Compensation Committee of the Board of Directors approved a grant of 439,500 stock option awards. As of January 3, 2010, the Company had 553,044 shares of common stock available for issuance pursuant to future awards that may be granted under the plan of which up to 236,344 were available for the issuance of awards other than stock options.

Except for 846,656 shares of restricted stock issued under the 2006 Plan as of January 3, 2010, all of the awards previously issued under the Company Plans consisted of stock options. Although awards are currently outstanding under all of the Company Plans, the Company may only grant new awards under the 2006 Plan.

Under the terms of the Company Plans, the vesting period and, in the case of stock options, the exercise price per share, are determined by the terms of each plan. All stock options that have been granted under the Company Plans are exercisable at the fair market value of the common stock at the date of the grant. Generally, the stock options vest and become exercisable ratably over a four-year period, beginning immediately on the date of the grant. However, the Board of Directors has exercised its discretion to grant stock options that vest 100% immediately for the Chief Executive Officer. In addition, stock options granted to non-employee directors under the 1995 Plan became exercisable immediately. All stock options awarded under the Company Plans expire no later than ten years after the date of the grant.

Stock Options

A summary of the activity of the Company’s stock options plans is presented below:

	<u>Shares</u> <u>(In thousands)</u>	<u>Wtd. Avg.</u> <u>Exercise</u> <u>Price</u>	<u>Wtd. Avg.</u> <u>Remaining</u> <u>Contractual Term</u>	<u>Aggregate</u> <u>Intrinsic</u> <u>Value</u> <u>(In thousands)</u>
Options outstanding at				
December 28, 2008	2,808	\$ 8.03	4.60	\$ 29,751
Granted	448	21.00		
Exercised	(372)	3.92		
Forfeited/Canceled	(77)	21.86		
Options outstanding at January 3, 2010	<u>2,807</u>	\$ 10.26	4.80	\$ 32,592
Options exercisable at January 3, 2010	<u>2,211</u>	\$ 7.62	3.67	\$ 31,538

The aggregate intrinsic value in the table above represents the total pretax intrinsic value (i.e., the difference between the Company’s closing stock price on the last trading day of fiscal year 2009 and the exercise price, times the number of shares that are “in the money”) that would have been received by the option holders had all option holders exercised their options on January 3, 2010. This amount changes based on the fair value of the company’s stock. The total intrinsic value of options exercised during the fiscal years ended January 3, 2010, December 28, 2008, and December 30, 2007 was \$6.2 million, \$2.9 million, and \$6.2 million respectively.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The following table summarizes information about the exercise prices and related information of stock options outstanding under the Company Plans at January 3, 2010:

Exercise Prices	Options Outstanding			Options Exercisable	
	Number	Wtd. Avg. Remaining	Wtd. Avg. Exercise	Number	Wtd. Avg. Exercise
	Outstanding	Contractual Life	Price	Exercisable	Price
2.63 — 2.81	6,000	0.3	\$ 2.63	6,000	\$ 2.63
3.10 — 3.10	367,500	1.1	3.10	367,500	3.10
3.17 — 3.98	149,892	3.0	3.20	149,892	3.20
4.67 — 4.90	415,638	3.3	4.67	415,638	4.67
5.13 — 5.13	567,000	2.1	5.13	567,000	5.13
5.30 — 7.70	233,627	4.6	6.94	230,669	6.93
7.83 — 20.63	335,800	6.9	15.32	188,200	14.03
21.07 — 21.56	728,500	8.1	21.27	284,900	21.37
21.64 — 28.24	3,000	7.5	21.66	1,400	21.65
Total	2,806,957	4.8	\$ 10.26	2,211,199	\$ 7.62

For the years ended January 3, 2010 and December 28, 2008 and December 30, 2007, the amount of stock-based compensation expense related to stock options was \$1.8 million, \$1.5 million and \$0.9 million, respectively. The weighted average grant date fair value of options granted during the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007 was \$7.41, \$6.58 and \$8.73 per share, respectively.

The following table summarizes the status of the Company's non-vested shares as of January 3, 2010 and changes during the fiscal year ending January 3, 2010:

	Number of Shares	Wtd. Avg. Grant Date Fair Value
Options non-vested at December 28, 2008	426,716	\$ 7.58
Granted	447,500	7.41
Vested	(234,058)	7.54
Forfeited	(44,400)	8.61
Options non-vested at January 3, 2010	595,758	\$ 7.39

As of January 3, 2010, the Company had \$3.8 million of unrecognized compensation costs related to non-vested stock option awards that are expected to be recognized over a weighted average period of 3.1 years. The total fair value of shares vested during the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007, was \$1.8 million, \$1.2 million, and \$1.2 million respectively. Proceeds received from stock options exercises for 2009, 2008 and 2007 was \$1.5 million, \$0.8 million and \$1.2 million, respectively. Tax benefits realized from tax deductions associated with option exercises and restricted stock activity for 2009, 2008 and 2007 totaled \$0.6 million, \$0.8 million and \$3.1 million, respectively.

Restricted Stock

Shares of restricted stock become unrestricted shares of common stock upon vesting on a one-for-one basis. The cost of these awards is determined using the fair value of the Company's common stock on the date of the grant and compensation expense is recognized over the vesting period. The shares of restricted stock

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

granted under the 2006 Plan vest in equal 25% increments on each of the four anniversary dates immediately following the date of grant. A summary of the activity of restricted stock is as follows:

	Shares	Wtd. Avg. Grant date Fair value
Restricted stock outstanding at December 28, 2008	425,684	\$ 19.54
Granted	168,000	18.66
Vested	(176,597)	18.27
Forfeited/Canceled	(33,987)	20.45
Restricted stock outstanding at January 3, 2010	383,100	\$ 19.66

During the fiscal year ended January 3, 2010, December 28, 2008 and December 30, 2007, the Company recognized \$3.5 million, \$3.0 million and \$2.5 million, respectively, of compensation expense related to its outstanding shares of restricted stock. As of January 3, 2010, the Company had \$5.2 million of unrecognized compensation expense that is expected to be recognized over a weighted average period of 2.4 years.

4. Discontinued Operations

The termination of any of the Company's management contracts by expiration or otherwise, may result in the classification of the operating results of such management contract, net of taxes, as a discontinued operation. The Company presents such events as discontinued operations so long as the financial results can be clearly identified, the operations and cash flows are completely eliminated from ongoing operations, and so long as the Company does not have any significant continuing involvement in the operations of the component after the disposal or termination transaction. Historically, the Company has classified operations as discontinued in the period they are announced as normally all continuing cash flows cease within three to six months of that date. During the fiscal year 2008, the Company discontinued operations at certain of its domestic and international subsidiaries. The results of operations, net of taxes, and the assets and liabilities of these operations, each as further described below, have been reflected in the accompanying consolidated financial statements as discontinued operations for all periods presented. Assets, primarily consisting of accounts receivable, and liabilities have been presented separately in the accompanying consolidated balance sheets for all periods presented.

U.S. corrections. On November 7, 2008, the Company announced its receipt of notice for the discontinuation of its contract with the State of Idaho, Department of Correction ("Idaho DOC") for the housing of approximately 305 out-of-state inmates at the managed-only Bill Clayton Detention Center (the "Detention Center") effective January 5, 2009. On August 29, 2008, the Company announced its discontinuation of its contract with Delaware County, Pennsylvania for the management of the county-owned 1,883-bed George W. Hill Correctional Facility effective December 31, 2008.

International services. On December 22, 2008, the Company announced the closure of its U.K.-based transportation division, Recruitment Solutions International ("RSI"). As a result of the termination of its transportation business in the United Kingdom, the Company wrote off assets of \$2.6 million including goodwill of \$2.3 million.

GEO Care. On June 16, 2008, the Company announced the discontinuation by mutual agreement of its contract with the State of New Mexico Department of Health for the management of the Fort Bayard Medical Center effective June 30, 2008.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The following are the revenues related to discontinued operations for the periods presented (in thousands):

	<u>2009</u>	<u>2008</u>	<u>2007</u>
		(In thousands)	
Revenues — International services	\$ —	\$ 1,806	\$ 2,326
Revenues — U.S. corrections	210	43,784	42,617
Revenues — GEO Care	—	1,806	4,546

5. Property and Equipment

Property and equipment consist of the following at fiscal year end:

	<u>Useful Life (Years)</u>	<u>2009</u>	<u>2008</u>
		(In thousands)	
Land	—	\$ 60,331	\$ 49,686
Buildings and improvements	2 to 40	797,185	765,103
Leasehold improvements	1 to 29	95,696	68,845
Equipment	3 to 10	63,382	55,007
Furniture and fixtures	3 to 7	11,731	9,033
Facility construction in progress		129,956	56,574
		<u>\$ 1,158,281</u>	<u>\$ 1,004,248</u>
Less accumulated depreciation and amortization		<u>(159,721)</u>	<u>(125,632)</u>
		<u>\$ 998,560</u>	<u>\$ 878,616</u>

The Company's construction in progress primarily consists of development costs associated with the Facility construction and design segment for contracts with various federal, state and local agencies for which we have management contracts. Interest capitalized in property and equipment was \$4.9 million and \$4.3 million for the fiscal years ended January 3, 2010 and December 28, 2008, respectively.

Depreciation expense was \$36.3 million, \$31.9 million and \$29.8 million for the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007, respectively.

At both January 3, 2010 and December 28, 2008, the Company had \$18.2 million of assets recorded under capital leases including \$17.5 million related to buildings and improvements, \$0.6 million related to equipment and \$0.1 million related to leasehold improvements. Capital leases are recorded net of accumulated amortization of \$3.9 million and \$3.1 million, at January 3, 2010 and December 28, 2008, respectively. Depreciation expense related to capital leases for the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007 was \$0.8 million, \$0.9 million and \$1.0 million, respectively and is included in Depreciation and Amortization in the accompanying statements of income.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

6. Assets Held for Sale

The Company records its assets held for sale at the lower of cost or estimated fair value. The Company estimates fair value by using third party appraisers or other valuation techniques. As of January 3, 2010 and December 28, 2008, the Company's assets held for sale consisted of the following:

<u>Fiscal Year</u>	<u>Carrying Value</u> <u>(In thousands)</u>
Buildings and improvements	\$ 3,083
Land	1,265
Assets held for sale	<u>\$ 4,348</u>

The Company's assets held for sale consist of two assets. On March 17, 2008, the Company purchased its former Coke County Juvenile Justice Center (the "Center") at a cost of \$3.1 million. In October 2008, the Company established a formal plan to sell the asset and began active discussions with certain parties interested in purchasing the Center. The Company has identified a buyer and expects to sell the facility in 2010 however, this sale is subject to the buyer obtaining financing. If the buyer is unable to obtain financing, the Company will need to locate another buyer for the Center. There can be no assurance that the prospective buyer can obtain the financing, no assurance that the Company will be able to locate another buyer in the event that this buyer is not able to obtain the financing and no assurance that the Center will be sold for its carrying value of \$3.1 million. Secondly, in conjunction with the acquisition of CSC, the Company acquired land associated with a program that had been discontinued by CSC in October 2003. The carrying value of the land is \$1.3 million. These assets are included within the segment assets of U.S. Corrections and are recorded at their net realizable value of \$4.3 million at January 3, 2010. Since these assets are held for sale, no depreciation has been recorded during the fiscal year ended January 3, 2010.

7. Investment in Direct Finance Leases

The Company's investment in direct finance leases relates to the financing and management of one Australian facility. The Company's wholly-owned Australian subsidiary financed the facility's development with long-term debt obligations, which are non-recourse to the Company.

The future minimum rentals to be received are as follows:

<u>Fiscal Year</u>	<u>Annual</u> <u>Repayment</u> <u>(In thousands)</u>
2010	\$ 7,475
2011	7,503
2012	7,538
2013	7,726
2014	7,882
Thereafter	<u>19,436</u>
Total minimum obligation	\$ 57,560
Less unearned interest income	(16,641)
Less current portion of direct finance lease	<u>(3,757)</u>
Investment in direct finance lease	<u>\$ 37,162</u>

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

8. Derivative Financial Instruments

The Company's primary objective in holding derivatives is to reduce the volatility of earnings and cash flows associated with changes in interest rates. The Company measures its derivative financial instruments at fair value.

In November 2009, the Company executed three interest rate swap agreements (the "Agreements") in the aggregate notional amount of \$75.0 million. The Company has designated these interest rate swaps as hedges against changes in the fair value of a designated portion of the 7³/₄% Senior Notes due 2017 ("7³/₄% Senior Notes") due to changes in underlying interest rates. The Agreements, which have payment, expiration dates and call provisions that mirror the terms of the Notes, effectively convert \$75.0 million of the Notes into variable rate obligations. Each of the swaps has a termination clause that gives the lender the right to terminate the interest rate swaps at fair market value if they are no longer a lender under the Credit Agreement. In addition to the termination clause, the Agreements also have call provisions which specify that the lender can elect to settle the swap for the call option price. Under the Agreements, the Company receives a fixed interest rate payment from the financial counterparties to the agreements equal to 7³/₄% per year calculated on the notional \$75.0 million amount, while it makes a variable interest rate payment to the same counterparties equal to the three-month LIBOR plus a fixed margin of between 4.24% and 4.29%, also calculated on the notional \$75.0 million amount. Changes in the fair value of the interest rate swaps are recorded in earnings along with related designated changes in the value of the Notes. Effective January 6, 2010, the Company executed a fourth swap agreement in the notional amount of \$25.0 million (See Note 20). There was no material ineffectiveness of these interest rate swaps for the fiscal year ended January 3, 2010.

The Company's Australian subsidiary is a party to an interest rate swap agreement to fix the interest rate on the variable rate non-recourse debt to 9.7%. The Company has determined the swap, which has a notional amount of \$50.9 million, payment and expiration dates, and call provisions that coincide with the terms of the non-recourse debt to be an effective cash flow hedge. Accordingly, the Company records the change in the value of the interest rate swap in accumulated other comprehensive income, net of applicable income taxes. Total net unrealized gain (loss) recognized in the periods and recorded in accumulated other comprehensive income, net of tax, related to these cash flow hedges was \$1.2 million, (\$3.5) million and \$1.3 million for the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007, respectively. The total value of the swap asset as of January 3, 2010 and December 28, 2008 was \$2.0 million and \$0.2 million, respectively, and is recorded as a component of other assets in the accompanying consolidated balance sheets. There was no material ineffectiveness of this interest rate swap for the fiscal periods presented. The Company does not expect to enter into any transactions during the next twelve months which would result in the reclassification into earnings or losses associated with this swap currently reported in accumulated other comprehensive income (loss).

During the fiscal year ended January 3, 2010, the Company received proceeds of \$1.7 million for the settlement of an aggregate notional amount of \$50.0 million of interest rate swaps related to its 8¹/₄% Senior Notes due 2013 ("8¹/₄% Senior Notes"). The lenders to these swap agreements elected to prepay their obligations at the call option price which equaled the fair value at the respective call dates.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

9. Goodwill and Other Intangible Assets, Net

Changes in the Company's goodwill balances for 2009 were as follows (in thousands):

	Balance as of December 28, 2008	Goodwill Resulting from Business Combination	Foreign Currency Translation	Balance as of January 3, 2010
U.S. corrections	\$ 21,692	\$ —	\$ —	\$ 21,692
International services	510	—	159	669
GEO Care	—	17,729	—	17,729
Total Segments	\$ 22,202	\$ 17,729	\$ 159	\$ 40,090

Intangible assets consisted of the following (in thousands):

	Useful Life in Years	U.S. Corrections	International Services	GEO Care	Total
Facility management contracts	7-17	\$ 14,450	\$ 1,875	\$ —	\$ 16,325
Covenants not to compete	4	1,470	—	—	1,470
Gross carrying value of December 28, 2008		\$ 15,920	\$ 1,875	\$ —	\$ 17,795
Facility management contracts acquired	1-13	—	—	6,600	6,600
Foreign currency translation		—	593	—	593
Gross carrying value as of January 3, 2010		15,920	2,468	6,600	24,988
Accumulated amortization expense		(7,026)	(157)	(226)	(7,409)
Net carrying value at January 3, 2010		8,894	2,311	6,374	17,579

Amortization expense was \$2.0 million, \$1.8 million and \$2.2 million for the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007, respectively and primarily related to the U.S. corrections amortization of intangible assets for acquired management contracts. The Company's weighted average useful life related to the acquired facility management contracts is 12.46 years.

Estimated amortization expense for fiscal year 2010 through fiscal year 2014 and thereafter are as follows (in thousands):

Fiscal Year	U.S. Corrections - Expense Amortization	International Services - Expense Amortization	GEO Care - Expense Amortization	Total Expense Amortization
2010	\$ 1,335	\$ 135	\$ 901	\$ 2,371
2011	1,335	135	847	2,317
2012	1,217	135	799	2,151
2013	606	135	566	1,307
2014	606	135	427	1,168
Thereafter	3,795	1,636	2,834	8,265
	\$ 8,894	\$ 2,311	\$ 6,374	\$ 17,579

10. Fair Value of Assets and Liabilities

The Company is required to measure certain of its financial assets and liabilities at fair value on a recurring basis. The Company does not have any financial assets and liabilities which it carries and measures

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

at fair value using Level 1 techniques, as defined above. The investments included in the Company's Level 2 fair value measurements consist of an interest rate swap held by our Australian subsidiary and also an investment in Canadian dollar denominated fixed income securities. The Company does not have any Level 3 financial assets or liabilities upon which the value is based on unobservable inputs reflecting the Company's assumptions.

The following table provides a summary of the Company's significant financial assets (there are no such liabilities for any period presented) carried at fair value and measured on a recurring basis as of January 3, 2010 (in thousands):

		Fair Value Measurements at January 3, 2010			
	Carrying Value at January 3, 2010	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Assets:					
Interest rate swap derivative assets	\$ 2,020	\$ —	\$ 2,020	\$ —	
Investments other than derivatives	1,527	—	1,527	—	
Liabilities:					
Interest rate swap derivative liabilities	\$ 1,887	\$ —	\$ 1,887	\$ —	

11. Financial Instruments

The Company balance sheet reflects certain financial instruments at carrying value. The following table presents the carrying values of those instruments and the corresponding fair values at January 3, 2010:

	January 3, 2010	
	Carrying Value	Estimated Fair Value
Assets:		
Cash and cash equivalents	\$ 33,856	\$ 33,856
Restricted cash	34,068	34,068
Liabilities:		
Borrowings under the Senior Credit Facility	\$ 212,963	\$ 203,769
7¾% Senior Notes	250,000	255,000
Non-recourse debt	113,724	113,360

The fair values of the Company's Cash and cash equivalents and Restricted cash approximate the carrying values of these assets at January 3, 2010. The fair values of publicly traded debt and other non-recourse debt are based on market prices, where available. The fair value of the non-recourse debt related to the Company's Australian subsidiary is estimated using a discounted cash flow model based on current Australian borrowing rates for similar instruments. The fair value of the borrowings under the Senior Credit Facility is based on an estimate of trading value considering the company's borrowing rate, the undrawn spread and similar trades.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

12. Accrued Expenses

Accrued expenses consisted of the following (dollars in thousands):

	<u>2009</u>	<u>2008</u>
Accrued interest	\$ 5,913	\$ 8,539
Accrued bonus	8,567	7,838
Accrued insurance	30,661	30,261
Accrued taxes	5,219	8,783
Construction retainage	8,250	7,866
Other	22,149	19,155
Total	<u>\$ 80,759</u>	<u>\$ 82,442</u>

13. Debt

Debt consisted of the following (dollars in thousands):

	<u>2009</u>	<u>2008</u>
Capital Lease Obligations	\$ 15,124	\$ 15,800
Senior Credit Facility:		
Term loan B	154,963	158,613
Revolver	58,000	74,000
Total Senior Credit Facility	<u>\$ 212,963</u>	<u>\$ 232,613</u>
8 1/4% Senior Notes:		
Notes Due in 2013	—	150,000
Discount on Notes	—	(2,553)
Swap on Notes	—	2,010
Total 8 1/4% Senior Notes	<u>\$ —</u>	<u>\$ 149,457</u>
7 3/4% Senior Notes		
Notes Due in 2017	250,000	—
Discount on Notes	(3,566)	—
Swap on Notes	(1,887)	—
Total 7 3/4% Senior Notes	<u>\$ 244,547</u>	<u>\$ —</u>
Non Recourse Debt :		
Non recourse debt	\$ 113,724	\$ 116,505
Discount on non recourse debt	(1,692)	(2,298)
Total non recourse debt	<u>112,032</u>	<u>114,207</u>
Other debt	28	56
Total debt	<u>\$ 584,694</u>	<u>\$ 512,133</u>
Current portion of capital lease obligations, long-term debt and non-recourse debt	(19,624)	(17,925)
Capital lease obligations, long term portion	(14,419)	(15,126)
Non recourse debt	(96,791)	(100,634)
Long term debt	<u>\$ 453,860</u>	<u>\$ 378,448</u>

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The Senior Credit Facility

On October 5, 2009, on October 15, 2009, and again on December 4, 2009, the Company completed amendments to the Senior Credit Facility through the execution of Amendment Nos. 5, 6, and 7, respectively, to the Amended and Restated Credit Agreement (“Amendment No. 5”, “Amendment No. 6”, and/ or “Amendment No. 7”) between the Company, as Borrower, certain of its subsidiaries, as Grantors, and BNP Paribas, as Lender and as Administrative Agent. Amendment No. 5 to the Credit Agreement, among other things, effectively permitted the Company to issue up to \$300.0 million of unsecured debt without having to repay outstanding borrowings on our Senior Credit Facility. Amendment No. 6 to the Credit Agreement, among other things, modified the aggregate size of the Revolver from \$240.0 million to \$330.0 million, extended the maturity of the Revolver to 2012, modified the permitted maximum total leverage and maximum senior secured leverage financial ratios and eliminated the annual capital expenditures limitation. With the execution of Amendment No. 6, the Senior Credit Facility is now comprised of a \$155.0 million Term Loan B bearing interest at LIBOR plus 2.00% and maturing in January 2014 and the \$330.0 million Revolver which currently bears interest at LIBOR plus 3.25% and matures in September 2012. Also, upon the execution of Amendment No. 6, we have the ability to increase our borrowing capacity under the Senior Credit Facility by another \$200.0 million subject to lender demand, market conditions and existing borrowings. Amendment No. 7 to the Credit Agreement made several technical revisions to certain definitions therein.

As of January 3, 2010, the Company had \$155.0 million outstanding under the Term Loan B, and the Company’s \$330.0 million Revolver had \$58.0 million outstanding in loans, \$47.5 million outstanding in letters of credit, and as of November 30, 2009, we had the ability to borrow approximately \$217 million from the excess capacity on the Revolver after considering our debt covenants. The Company intends to use future borrowings from the Revolver for the purposes permitted under the Senior Credit Facility, including for general corporate purposes. The weighted average interest rates on outstanding borrowings under the Senior Credit Facility as of January 3, 2010 and December 28, 2008 were 2.62% and 3.24%, respectively.

Indebtedness under the Revolver bears interest in each of the instances below at the stated rate:

	<u>Interest Rate under the Revolver</u>
LIBOR borrowings	LIBOR plus 2.75% to 3.50%.
Base rate borrowings	Prime Rate plus 1.75% to 2.50%.
Letters of credit	2.75% to 3.50%.
Unused Revolver	0.50% to 0.75%.

In the fiscal year ended January 3, 2010, the Company capitalized \$5.5 million of debt issuance costs related to the amendments discussed above which will be amortized over the remaining term of the Revolver.

The Company is required to maintain the following Total Leverage Ratios, as computed at the end of each fiscal quarter for the immediately preceding four quarter-period:

<u>Period</u>	<u>Total Leverage Ratio</u>
Through the penultimate day of fiscal year 2010	≤ 4.00 to 1.00
From the last day of the fiscal year 2010 through the penultimate day of fiscal year 2011	≤ 3.75 to 1.00
From the last day of the fiscal year 2011 through the penultimate day of fiscal year 2012	≤ 3.25 to 1.00
Thereafter	≤ 3.00 to 1.00

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The Credit Agreement also requires the Company to maintain the following Senior Secured Leverage Ratios, as computed at the end of each fiscal quarter for the immediately preceding four quarter-period:

Period	Senior Secured Leverage Ratio
Through the penultimate day of fiscal year 2011	≤ 3.00 to 1.00
From the last day of the fiscal year 2011 through the penultimate day of fiscal year 2012	≤ 2.50 to 1.00
From the last day of the fiscal year 2012 through the penultimate day of fiscal year 2013	≤ 2.25 to 1.00
Thereafter	≤ 2.00 to 1.00

The foregoing covenants replace the corresponding covenants previously included in the Credit Agreement.

All of the obligations under the Senior Credit Facility are unconditionally guaranteed by each of the Company's existing material domestic subsidiaries. The Senior Credit Facility and the related guarantees are secured by substantially all of the Company's present and future tangible and intangible assets and all present and future tangible and intangible assets of each guarantor, as specified in the Credit Agreement. In addition, the Senior Credit Facility contains certain customary representations and warranties, and certain customary covenants that restrict the Company's ability to be party to certain transactions, as further specified in the Credit Agreement. Events of default under the Senior Credit Facility include, but are not limited to, (i) the Company's failure to pay principal or interest when due, (ii) the Company's material breach of any representation or warranty, (iii) covenant defaults, (iv) bankruptcy, (v) cross default to certain other indebtedness, (vi) unsatisfied final judgments over a specified threshold, (vii) material environmental state of claims which are asserted against it, and (viii) a change of control. The Company's failure to comply with any of the covenants under its Senior Credit Facility could cause an event of default under such documents and result in an acceleration of all of outstanding senior secured indebtedness. The Company believes it was in compliance with all of the covenants of the Senior Credit Facility as of January 3, 2010.

8¹/₄% Senior Notes

On October 5, 2009, the Company announced the commencement of a cash tender offer for its \$150.0 million aggregate principal amount of 8¹/₄% Senior Notes. Holders who validly tendered their 8¹/₄% Senior Notes before the early tender date, which expired at 5:00 p.m. Eastern Standard time on October 19, 2009, received a 103% cash payment for their note which included an early tender premium of 3%. Holders who tendered their notes after the early tender date, but before the expiration date of 11:59 p.m., Eastern Standard time on November 2, 2009 ("Early Expiration Date"), received 100% cash payment for their note. Holders of the 8¹/₄% Senior Notes accepted for purchase received accrued and unpaid interest up to, but not including, the applicable payment date. Valid early tenders received by the Company represented \$130.2 million aggregate principal amount of the 8¹/₄% Senior Notes which was 86.8% of the outstanding principal balance. The Company settled these notes on October 20, 2009 by paying \$136.9 million to the trustee. Also on October 20, 2009, GEO announced the call for redemption for all notes not tendered by the Expiration Date. The Company financed the tender offer and redemption with a portion of the net cash proceeds from its offering of \$250.0 million aggregate principal 7³/₄% Senior Notes, which closed on October 20, 2009. As of November 19, 2009, all of the 8¹/₄% Senior Notes had been redeemed. As a result of the tender offer and redemption, the Company incurred a loss of \$6.8 million related to the tender premium and deferred costs associated with the 8¹/₄% Senior Notes.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

7³/₄% Senior Notes

On October 20, 2009, the Company completed a private offering of \$250.0 million in aggregate principal amount of its 7³/₄% Senior Notes due 2017. These senior unsecured notes pay interest semi-annually in cash in arrears on April 15 and October 15 of each year, beginning on April 15, 2010. The Company realized net proceeds of \$246.4 million at the close of the transaction, net of the discount on the notes of \$3.6 million. The Company used the net proceeds of the offering to fund the repurchase of all of its 8¹/₄% Senior Notes due 2013 and pay down part of the Revolver.

The 7³/₄% Senior Notes and the guarantees will be unsecured, unsubordinated obligations of The GEO Group Inc., and the guarantors and will rank as follows: pari passu with any unsecured, unsubordinated indebtedness of GEO and the guarantors; senior to any future indebtedness of GEO and the guarantors that is expressly subordinated to the notes and the guarantees; effectively junior to any secured indebtedness of GEO and the guarantors, including indebtedness under the Company's Senior Credit Facility, to the extent of the value of the assets securing such indebtedness; and effectively junior to all obligations of the Company's subsidiaries that are not guarantors. After October 15, 2013, the Company may, at its option, redeem all or a part of the 7³/₄% Senior Notes upon not less than 30 nor more than 60 days' notice, at the redemption prices (expressed as percentages of principal amount) set forth below, plus accrued and unpaid interest and liquidated damages, if any, on the 7³/₄% Senior Notes redeemed, to the applicable redemption date, if redeemed during the 12-month period beginning on October 15 of the years indicated below:

Year	Percentage
2013	103.875%
2014	101.938%
2015 and thereafter	100.000%

Before October 15, 2013, the Company may redeem some or all of the 7³/₄% Senior Notes at a redemption price equal to 100% of the principal amount of each note to be redeemed plus a make-whole premium described under "Description of Notes — Optional Redemption" together with accrued and unpaid interest. In addition, at any time prior to October 15, 2012, the Company may redeem up to 35% of the notes with the net cash proceeds from specified equity offerings at a redemption price equal to 107.750% of the principal amount of each note to be redeemed, plus accrued and unpaid interest, if any, to the date of redemption.

The indenture governing the notes contains certain covenants, including limitations and restrictions on the Company's and its restricted subsidiaries' ability to: incur additional indebtedness or issue preferred stock; make dividend payments or other restricted payments; create liens; sell assets; enter into transactions with affiliates; and enter into mergers, consolidations, or sales of all or substantially all of the Company's assets. As of the date of the indenture, all of the Company's subsidiaries, other than CSC of Tacoma, LLC, GEO International Holdings, Inc., certain dormant domestic subsidiaries and all foreign subsidiaries in existence on the date of the indenture, were restricted subsidiaries. In addition, there is a cross-default provision which becomes enforceable upon failure of payment of indebtedness at final maturity. The Company's unrestricted subsidiaries will not be subject to any of the restrictive covenants in the indenture. The Company believes it was in compliance with all of the covenants of the Indenture governing the 7³/₄% Senior Notes as of January 3, 2010.

Non-Recourse Debt***South Texas Detention Complex:***

The Company has a debt service requirement related to the development of the South Texas Detention Complex, a 1,904-bed detention complex in Frio County, Texas, acquired in November 2005 from Correctional

THE GEO GROUP, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)**

Services Corporation ("CSC"). CSC was awarded the contract in February 2004 by the Department of Homeland Security, U.S. Immigration and Customs Enforcement ("ICE") for development and operation of the detention center. In order to finance its construction, South Texas Local Development Corporation was created and issued \$49.5 million in taxable revenue bonds. These bonds mature in February 2016 and have fixed coupon rates between 4.11% and 5.07%. Additionally, the Company is owed \$5.0 million of subordinated notes by STLDC which represents the principal amount of financing provided to STLDC by CSC for initial development.

The Company has an operating agreement with STLDC, the owner of the complex, which provides it with the sole and exclusive right to operate and manage the detention center. The operating agreement and bond indenture require the revenue from the contract with ICE be used to fund the periodic debt service requirements as they become due. The net revenues, if any, after various expenses such as trustee fees, property taxes and insurance premiums are distributed to the Company to cover operating expenses and management fees. The Company is responsible for the entire operation of the facility including all operating expenses and is required to pay all operating expenses whether or not there are sufficient revenues. STLDC has no liabilities resulting from its ownership. The bonds have a ten-year term and are non-recourse to the Company. The bonds are fully insured and the sole source of payment for the bonds is the operating revenues of the center. At the end of the ten-year term of the bonds, title and ownership of the facility transfers from STLDC to the Company. The Company has determined that it is the primary beneficiary of STLDC and consolidates the entity as a result. The carrying value of the facility as of January 3, 2010 and December 28, 2008 was \$27.2 million and \$27.9 million, respectively and is included in property and equipment in the accompanying balance sheets.

On February 2, 2009, STLDC made a payment from its restricted cash account of \$4.4 million for the current portion of its periodic debt service requirement in relation to the STLDC bond indenture. As of January 3, 2010, the remaining balance of the debt service requirement under the STLDC financing agreement is \$36.7 million, of which \$4.6 million is due within the next twelve months. Also, as of January 3, 2010, included in current restricted cash and non-current restricted cash is \$6.2 million and \$8.2 million, respectively, of funds held in trust with respect to the STLDC for debt service and other reserves.

Northwest Detention Center

On June 30, 2003, CSC arranged financing for the construction of the Northwest Detention Center in Tacoma, Washington, referred to as the Northwest Detention Center, which was completed and opened for operation in April 2004. The Company began to operate this facility following its acquisition in November 2005. In connection with the original financing, CSC of Tacoma LLC, a wholly owned subsidiary of CSC, issued a \$57.0 million note payable to the Washington Economic Development Finance Authority, referred to as WEDFA, an instrumentality of the State of Washington, which issued revenue bonds and subsequently loaned the proceeds of the bond issuance back to CSC of Tacoma LLC for the purposes of constructing the Northwest Detention Center. The bonds are non-recourse to the Company and the loan from WEDFA to CSC is non-recourse to the Company. These bonds mature in February 2014 and have fixed coupon rates between 3.20% and 4.10%.

The proceeds of the loan were disbursed into escrow accounts held in trust to be used to pay the issuance costs for the revenue bonds, to construct the Northwest Detention Center and to establish debt service and other reserves. On October 1, 2009, CSC of Tacoma LLC made a payment from its restricted cash account of

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

\$5.7 million for the current portion of its periodic debt service requirement in relation to the WEDFA bond indenture. As of January 3, 2010, the remaining balance of the debt service requirement is \$31.6 million, of which \$5.9 million is classified as current in the accompanying balance sheet.

As of January 3, 2010, included in current restricted cash and non-current restricted cash is \$7.1 million and \$2.2 million, respectively, of funds held in trust with respect to the Northwest Detention Center for debt service and other reserves.

Australia

The Company's wholly-owned Australian subsidiary financed the development of a facility and subsequent expansion in 2003 with long-term debt obligations. These obligations are non-recourse to the Company and total \$45.4 million and \$38.1 million at January 3, 2010 and December 28, 2008, respectively. The term of the non-recourse debt is through 2017 and it bears interest at a variable rate quoted by certain Australian banks plus 140 basis points. Any obligations or liabilities of the subsidiary are matched by a similar or corresponding commitment from the government of the State of Victoria. As a condition of the loan, the Company is required to maintain a restricted cash balance of AUD 5.0 million, which, at January 3, 2010, was \$4.5 million. This amount is included in restricted cash and the annual maturities of the future debt obligation is included in non-recourse debt.

Debt repayment schedules under capital lease obligations, long-term debt and non-recourse debt are as follows:

Fiscal Year	Capital Leases	Long -Term Debt	Non- Recourse	Revolver	Term Loan	Total Annual Repayment
			(In thousands)			
2010	\$ 1,930	\$ 28	\$ 15,241	\$ —	\$ 3,650	\$ 20,849
2011	1,933		15,975	—	3,650	21,558
2012	1,933	—	16,722	58,000	3,650	80,305
2013	1,933	—	17,600	—	144,013	163,546
2014	1,935		18,530	—	—	20,465
Thereafter	14,773	250,000	29,656	—	—	294,429
	<u>\$ 24,437</u>	<u>\$ 250,028</u>	<u>\$ 113,724</u>	<u>\$ 58,000</u>	<u>\$ 154,963</u>	<u>\$ 601,152</u>
Original issuer's discount	—	(3,566)	(1,692)	—	—	(5,258)
Current portion	(705)	(28)	(15,241)	—	(3,650)	(19,624)
Interest imputed on Capital Leases	(9,313)	—	—	—	—	(9,313)
Interest rate swap	—	(1,887)	—	—	—	(1,887)
Non-current portion	<u>\$ 14,419</u>	<u>\$ 244,547</u>	<u>\$ 96,791</u>	<u>\$ 58,000</u>	<u>\$ 151,313</u>	<u>\$ 565,070</u>

Guarantees

In connection with the creation SACS, the Company entered into certain guarantees related to the financing, construction and operation of the prison. The Company guaranteed certain obligations of SACS under its debt agreements up to a maximum amount of 60.0 million South African Rand, or \$8.2 million, to SACS' senior lenders through the issuance of letters of credit. Additionally, SACS is required to fund a restricted account for the payment of certain costs in the event of contract termination. The Company has guaranteed the payment of 60% of amounts which may be payable by SACS into the restricted account and provided a standby letter of credit of 8.4 million South African Rand, or \$1.1 million, as security for its guarantee. The Company's obligations under this guarantee expire upon SACS' release from its obligations in

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

respect of the restricted account under its debt agreements. No amounts have been drawn against these letters of credit, which are included in the Company's outstanding letters of credit under its Revolver.

The Company has agreed to provide a loan, of up to 20.0 million South African Rand, or \$2.7 million, to SACS for the purpose of financing SACS' obligations under its contract with the South African government. No amounts have been funded under this guarantee, and the Company does not currently anticipate that such funding will be required by SACS in the future. The Company's obligations relative to this guarantee expire upon SACS' fulfillment of its contractual obligations.

The Company has also guaranteed certain obligations of SACS to the security trustee for SACS' lenders. The Company secured its guarantee to the security trustee by ceding its rights to claims against SACS in respect of any loans or other finance agreements, and by pledging the Company's shares in SACS. The Company's liability under the guarantee is limited to the cession and pledge of shares. The guarantee expires upon expiration of the cession and pledge agreements.

In connection with a design, build, finance and maintenance contract for a facility in Canada, the Company guaranteed certain potential tax obligations of a not-for-profit entity. The potential estimated exposure of these obligations is Canadian Dollar ("CAD") 2.5 million, or \$2.4 million, commencing in 2017. The Company has a liability of \$1.5 million and \$1.3 million related to this exposure as of January 3, 2010 and December 28, 2008, respectively. To secure this guarantee, the Company has purchased Canadian dollar denominated securities with maturities matched to the estimated tax obligations in 2017 to 2021. The Company has recorded an asset and a liability equal to the current fair market value of those securities on its consolidated balance sheet. The Company does not currently operate or manage this facility.

At January 3, 2010, the Company also had eight letters of guarantee outstanding under separate international facilities relating to performance guarantees of its Australian subsidiary totaling \$8.9 million. The Company does not have any off balance sheet arrangements other than those previously disclosed.

14. Commitments and Contingencies

Operating Leases

The Company leases correctional facilities, office space, computers and transportation equipment under non-cancelable operating leases expiring between 2010 and 2028. The future minimum commitments under these leases are as follows:

<u>Fiscal Year</u>	<u>Annual Rental</u> <u>(In thousands)</u>
2010	\$ 18,041
2011	17,618
2012	14,364
2013	10,916
2014	7,585
Thereafter	65,936
	<u>\$ 134,460</u>

The Company's corporate offices are located in Boca Raton, Florida, under a 10^{1/2} -year lease which was renewed in October 2007. The current lease has two 5-year renewal options and expires in March 2018. In addition, The Company leases office space for its regional offices in Charlotte, North Carolina; New Braunfels, Texas; and Carlsbad, California. The Company also leases office space in Sydney, Australia, Sandton, South Africa, and Berkshire, England through its overseas affiliates to support its Australian, South African, and UK

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

operations, respectively. These rental commitments are included in the table above. Certain of these leases contain escalation clauses and as such, the Company has recognized the rental expense on a straight-line basis related to those leases. Minimum rent expense associated with the Company's leases having initial or remaining non-cancelable lease terms in excess of one year was \$18.7 million, \$18.5 million and \$15.2 million for fiscal years 2009, 2008 and 2007, respectively.

Litigation, Claims and Assessments

On September 15, 2006, a jury in an inmate wrongful death lawsuit in a Texas state court awarded a \$47.5 million verdict against the Company. In October 2006, the verdict was entered as a judgment against the Company in the amount of \$51.7 million. The lawsuit, captioned Gregorio de la Rosa, Sr., et al., v. Wackenhut Corrections Corporation, (cause no. 02-110) in the District Court, 404th Judicial District, Willacy County, Texas, is being administered under the insurance program established by The Wackenhut Corporation, the Company's former parent company, in which the Company participated until October 2002. Policies secured by the Company under that program provide \$55.0 million in aggregate annual coverage. In October 2009, this case was settled in an amount within the insurance coverage limits and the insurer will pay the full settlement amount.

In June 2004, the Company received notice of a third-party claim for property damage incurred during 2001 and 2002 at several detention facilities that its Australian subsidiary formerly operated. The claim (No. SC 656 of 2006 to be heard by the Supreme Court of the Australian Capital Territory) relates to property damage caused by detainees at the detention facilities. The notice was given by the Australian government's insurance provider and did not specify the amount of damages being sought. In August 2007, legal proceedings in this matter were formally commenced when the Company was served with notice of a complaint filed against it by the Commonwealth of Australia seeking damages of up to approximately AUD 18 million or \$16.2 million, plus interest. The Company believes that it has several defenses to the allegations underlying the litigation and the amounts sought and intends to vigorously defend its rights with respect to this matter. The Company has established a reserve based on its estimate of the most probable loss based on the facts and circumstances known to date and the advice of legal counsel in connection with this matter. Although the outcome of this matter cannot be predicted with certainty, based on information known to date and the Company's preliminary review of the claim and related reserve for loss, the Company believes that, if settled unfavorably, this matter could have a material adverse effect on its financial condition, results of operations or cash flows. The Company is uninsured for any damages or costs that it may incur as a result of this claim, including the expenses of defending the claim.

During the fourth fiscal quarter of 2009, the Internal Revenue Service (IRS) completed its examination of the Company's U.S. federal income tax returns for the years 2002 through 2005. Following the examination, the IRS notified the Company that it proposes to disallow a deduction that the Company realized during the 2005 tax year. The Company has appealed this proposed disallowed deduction with the IRS's appeals division and believes it has valid defenses to the IRS's position. However, if the disallowed deduction were to be sustained on appeal, it could result in a potential tax exposure to the Company of up to \$15.4 million. The Company believes in the merits of its position and intends to defend its rights vigorously, including its rights to litigate the matter if it cannot be resolved favorably at the IRS's appeals level. If this matter is resolved unfavorably, it may have a material adverse effect on the Company's financial position, results of operations and cash flows.

The nature of the Company's business exposes it to various types of claims or litigation against the Company, including, but not limited to, civil rights claims relating to conditions of confinement and/or mistreatment, sexual misconduct claims brought by prisoners or detainees, medical malpractice claims, claims relating to employment matters (including, but not limited to, employment discrimination claims, union grievances and wage and hour claims), property loss claims, environmental claims, automobile liability claims,

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

indemnification claims by its customers and other third parties, contractual claims and claims for personal injury or other damages resulting from contact with the Company's facilities, programs, personnel or prisoners, including damages arising from a prisoner's escape or from a disturbance or riot at a facility. Except as otherwise disclosed above, the Company does not expect the outcome of any pending claims or legal proceedings to have a material adverse effect on its financial condition, results of operations or cash flows.

Collective Bargaining Agreements

The Company had approximately 19% of its workforce covered by collective bargaining agreements at January 3, 2010. Collective bargaining agreements with four percent of employees are set to expire in less than one year.

Contract Terminations

Effective June 15, 2009, the Company's management contract with Fort Worth Community Corrections Facility located in Fort Worth, Texas was assigned to another party. Prior to this termination, the Company leased this facility (lease was due to expire August 2009) and the customer was the Texas Department of Criminal Justice ("TDCJ").

On September 8, 2009, the Company exercised its contractual right to terminate its contracts for the operation and management of the Newton County Correctional Center ("Newton County") located in Newton, Texas and the Jefferson County Downtown Jail ("Jefferson County") located in Beaumont, Texas. The Company managed Newton County and Jefferson County until the contracts terminated effective on November 2, 2009 and November 9, 2009, respectively.

In October 2009, the Company received a 60-day notice from the California Department of Corrections and Rehabilitation ("CDCR") of its intent to terminate the management contract between the Company and the CDCR for the management of its company-owned McFarland Community Correctional Facility.

The Company does not expect that the termination of these contracts will have a material adverse impact, individually or in aggregate, on its financial condition, results of operations or cash flows.

Commitments

As of January 3, 2010, the Company was in the process of constructing or expanding three facilities representing 4,325 total beds. The Company is providing the financing for two of the three facilities, representing 2,325 beds. Remaining capital expenditures related to these and other projects are expected to be \$37.7 million through 2010. The financing for the 2,000-bed facility is being provided for by a third party for state ownership. GEO is managing the construction of this project with total construction costs of \$113.8 million, of which \$90.2 million has been completed through 2009, and \$23.6 million of which remains to be completed through the first quarter of 2011.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

15. Shareholders' Equity

Earnings Per Share

Basic and diluted earnings per share ("EPS") were calculated for the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007 as follows (in thousands, except per share data):

<u>Fiscal Year</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
	<u>(In thousands, except per share data)</u>		
Income from continuing operations	\$ 66,300	\$ 61,453	\$ 38,089
Basic earnings per share:			
Weighted average shares outstanding	<u>50,879</u>	<u>50,539</u>	<u>47,727</u>
Per share amount	<u>\$ 1.30</u>	<u>\$ 1.22</u>	<u>\$ 0.80</u>
Diluted earnings per share:			
Weighted average shares outstanding	50,879	50,539	47,727
Effect of dilutive securities:			
Employee and director stock options and restricted stock	<u>\$ 1,043</u>	<u>\$ 1,291</u>	<u>\$ 1,465</u>
Weighted average shares assuming dilution	<u>51,922</u>	<u>51,830</u>	<u>49,192</u>
Per share amount	<u>\$ 1.28</u>	<u>\$ 1.19</u>	<u>\$ 0.77</u>

For the fiscal year ended January 3, 2010, 69,492 weighted average shares of stock underlying options and 107 weighted average shares of restricted stock were excluded from the computation of diluted EPS because the effect would be anti-dilutive.

For the fiscal year December 28, 2008, 372,725 weighted average shares of stock underlying options and 8,986 weighted average shares of restricted stock were excluded from the computation of diluted EPS because the effect would be anti-dilutive.

For the fiscal year December 30, 2007, no shares of stock underlying options or shares of restricted stock were excluded from the computation of diluted EPS because their effect would have been anti-dilutive.

Preferred Stock

In April 1994, the Company's Board of Directors authorized 30 million shares of "blank check" preferred stock. The Board of Directors is authorized to determine the rights and privileges of any future issuance of preferred stock such as voting and dividend rights, liquidation privileges, redemption rights and conversion privileges.

Rights Agreement

On October 9, 2003, the Company entered into a rights agreement with EquiServe Trust Company, N.A., as rights agent. Under the terms of the rights agreement, each share of the Company's common stock carries with it one preferred share purchase right. If the rights become exercisable pursuant to the rights agreement, each right entitles the registered holder to purchase from the Company one one-thousandth of a share of Series A Junior Participating Preferred Stock at a fixed price, subject to adjustment. Until a right is exercised, the holder of the right has no right to vote or receive dividends or any other rights as a shareholder as a result of holding the right. The rights trade automatically with shares of our common stock, and may only be exercised in connection with certain attempts to acquire the Company. The rights are designed to protect the interests of the Company and its shareholders against coercive acquisition tactics and encourage potential acquirers to negotiate with our Board of Directors before attempting an acquisition. The rights may, but are not intended to, deter acquisition proposals that may be in the interests of the Company's shareholders.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

16. Retirement and Deferred Compensation Plans

The Company has two noncontributory defined benefit pension plans covering certain of the Company's executives. Retirement benefits are based on years of service, employees' average compensation for the last five years prior to retirement and social security benefits. Currently, the plans are not funded. The Company purchased and is the beneficiary of life insurance policies for certain participants enrolled in the plans. There were no significant transactions between the employer or related parties and the plan during the periods presented.

The Company's former Chief Financial Officer, John G. O'Rourke retired in August 2009. As a result of his retirement, the Company paid \$3.2 million, representing 100% of the discounted value of the benefit as of his retirement date and including a gross up of \$1.2 million for certain taxes as specified in the agreement. Including the benefits paid to Mr. O'Rourke in August 2009, the Company paid a total of \$3.3 million in the fiscal year ended January 3, 2010 related to its defined benefit pension plans.

As of January 3, 2010, the Company had non-qualified deferred compensation agreements with two key executives. These agreements were modified in 2002, and again in 2003. The current agreements provide for a lump sum payment when the executives retire, no sooner than age 55. As of January 3, 2010, both executives had reached age 55 and are eligible to receive the payments upon retirement.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The following table summarizes key information related to the Company's pension plans and retirement agreements. The table illustrates the reconciliation of the beginning and ending balances of the benefit obligation showing the effects during the periods presented attributable to each of the following: service cost, interest cost, plan amendments, termination benefits, actuarial gains and losses. The Company's liability relative to its pension plans and retirement agreements was \$16.2 million and \$19.3 million as of January 3, 2010 and December 28, 2008 and is included in Other Non-Current liabilities in the accompanying balance sheets. The assumptions used in the Company's calculation of accrued pension costs are based on market information and the Company's historical rates for employment compensation and discount rates, respectively.

	2009	2008
Change in Projected Benefit Obligation		
Projected Benefit Obligation, Beginning of Year	\$ 19,320	\$ 17,938
Service Cost	563	530
Interest Cost	717	654
Plan Amendments	—	—
Actuarial (Gain) Loss	(1,047)	246
Benefits Paid	(3,347)	(48)
Projected Benefit Obligation, End of Year	<u>\$ 16,206</u>	<u>\$ 19,320</u>
Change in Plan Assets		
Plan Assets at Fair Value, Beginning of Year	\$ —	\$ —
Company Contributions	3,347	48
Benefits Paid	(3,347)	(48)
Plan Assets at Fair Value, End of Year	<u>\$ —</u>	<u>\$ —</u>
Unfunded Status of the Plan	<u>\$ (16,206)</u>	<u>\$ (19,320)</u>
Amounts Recognized in Accumulated Other Comprehensive Income		
Prior Service Cost	41	82
Net Loss	1,014	2,551
Total Pension Cost	<u>\$ 1,055</u>	<u>\$ 2,633</u>

	Fiscal 2009	Fiscal 2008
Components of Net Periodic Benefit Cost		
Service Cost	\$ 563	\$ 530
Interest Cost	717	654
Amortization of:		
Prior Service Cost	41	41
Net Loss	249	249
Settlements	241	—
Net Periodic Pension Cost	<u>\$ 1,811</u>	<u>\$ 1,474</u>
Weighted Average Assumptions for Expense		
Discount Rate	5.75%	5.75%
Expected Return on Plan Assets	N/A	N/A
Rate of Compensation Increase	4.50%	5.50%

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The amount included in other accumulated comprehensive income as of January 3, 2010 that is expected to be recognized as a component of net periodic benefit cost in fiscal year 2010 is \$0.1 million.

The benefit payments reflected in the table below represent the Company's obligations to employees that are eligible for retirement or have already retired and are receiving deferred compensation benefits:

Fiscal Year	Pension Benefits (In thousands)
2010	\$ 10,223
2011	166
2012	240
2013	237
2014	306
Thereafter	5,034
	<u>\$ 16,206</u>

The Company also maintains the GEO Group Inc., Deferred Compensation Plan ("Deferred Compensation Plan"), a non-qualified deferred compensation plan for employees who are ineligible to participate in its qualified 401(k) plan. Eligible employees may defer a fixed percentage of their salary and the Company matches employee contributions up to a certain amount based on the employee's years of service. Payments will be made at retirement age of 65, at termination of employment or earlier depending on the employees' elections. Effective December 18, 2009, the Company established a rabbi trust; the purpose of which is to segregate the assets of the Deferred Compensation Plan from the Company's cash balances. The funds in the rabbi trust will not be available to the Company for any purpose other than to fund the Deferred Compensation Plan; however, these funds may be available to the Company's creditors in the event the Company becomes insolvent. On December 28, 2009, the Company transferred \$2.9 million in cash to the trust which is reflected as restricted cash in the accompanying balance sheet as of January 3, 2010. All future employee and employer contributions relative to the Deferred Compensation Plan will be made directly to the rabbi trust. The Company recognized expense related to its contributions of \$0.1 million, \$0.1 million and \$0.3 million in fiscal years 2009, 2008 and 2007, respectively. The liability for this plan at January 3, 2010 and December 28, 2008 was \$4.7 million and \$4.0 million, respectively.

17. Business Segment and Geographic Information

Operating and Reporting Segments

The Company conducts its business through four reportable business segments: U.S. corrections segment; International services segment; GEO Care segment; and Facility construction and design segment. The Company has identified these four reportable segments to reflect the current view that the Company operates four distinct business lines, each of which constitutes a material part of its overall business. The U.S. corrections segment primarily encompasses U.S.-based privatized corrections and detention business. The International services segment primarily consists of privatized corrections and detention operations in South Africa, Australia and the United Kingdom. The GEO Care segment, which is operated by the Company's wholly-owned subsidiary GEO Care, Inc., comprises privatized mental health and residential treatment services business, all of which is currently conducted in the U.S. The Facility construction and design segment consists of contracts with various state, local and federal agencies for the design and construction of facilities for which the Company has management contracts. Generally, the assets and revenues from the Facility construction and design segment are offset by a similar amount of liabilities and expenses. Disclosures for business segments are as follows (in thousands).

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The segment information presented in the prior periods has been reclassified to conform to the current presentation:

<u>Fiscal Year</u>	<u>2009</u>	<u>2008</u> (In thousands)	<u>2007</u>
Revenues:			
U.S. corrections	\$ 784,066	\$ 711,038	\$ 629,339
International services	137,171	128,672	127,991
GEO Care	121,818	117,399	110,165
Facility construction and design	98,035	85,897	108,804
Total revenues	<u>\$ 1,141,090</u>	<u>\$ 1,043,006</u>	<u>\$ 976,299</u>
Depreciation and amortization:			
U.S. corrections	\$ 35,955	\$ 34,010	\$ 30,401
International services	1,448	1,556	1,351
GEO Care	1,903	1,840	1,466
Facility construction and design	—	—	—
Total depreciation and amortization	<u>\$ 39,306</u>	<u>\$ 37,406</u>	<u>\$ 33,218</u>
Operating Income (loss):			
U.S. corrections	\$ 182,820	\$ 160,065	\$ 134,321
International services	7,759	10,131	10,381
GEO Care	13,468	12,419	10,142
Facility construction and design	381	326	(266)
Operating income from segments	204,428	182,941	154,578
General and Administrative Expenses	(69,240)	(69,151)	(64,492)
Total operating income	<u>\$ 135,188</u>	<u>\$ 113,790</u>	<u>\$ 90,086</u>
		<u>2009</u>	<u>2008</u>
Segment assets:			
U.S. corrections		\$ 1,145,571	\$ 1,093,880
International services		95,659	69,937
GEO Care		107,908	21,169
Facility construction and design		13,736	10,286
Total segment assets		<u>\$ 1,362,874</u>	<u>\$ 1,195,272</u>

Fiscal year 2009 U.S. corrections segment operating income includes the \$1.7 million increase in the Company's insurance reserve compared to \$2.7 million increase in fiscal year 2008 and a \$0.9 million reduction in 2007.

The increase in operating income in the U.S. corrections segment over each of the fiscal years ended 2009, 2008 and 2007 is attributable to new facilities and expansions of existing facilities. The decrease in operating revenues over those same periods in the International services segment was due to overall unfavorable foreign exchange currency fluctuations as well as significant start up costs incurred to transition new management contracts. The increase in the operating revenues in the GEO Care segment was related to

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

the 2009 acquisition of Just Care, Inc., in 2009 and increases in population and capacity at other facilities during 2008 and 2009.

Assets in the Company's Facility construction and design segment are primarily made up of accounts receivable, which includes trade receivables and construction retainage receivable. Accounts receivable balances were \$13.7 million and \$10.3 million as of January 3, 2010 and December 28, 2008, respectively.

Pre-Tax Income Reconciliation of Segments

The following is a reconciliation of the Company's total operating income from its reportable segments to the Company's income before income taxes, equity in earnings of affiliates and discontinued operations, in each case, during the fiscal years ended January 3, 2010, December 28, 2008, and December 30, 2007, respectively.

<u>Fiscal Year Ended</u>	<u>2009</u>	<u>2008</u> <u>(In thousands)</u>	<u>2007</u>
Operating income from segments	\$ 204,428	\$ 182,941	\$ 154,578
Unallocated amounts:			
General and administrative expense	(69,240)	(69,151)	(64,492)
Net interest expense	(23,575)	(23,157)	(27,305)
Costs related to early extinguishment of debt	(6,839)	—	(4,794)
Income before income taxes, equity in earnings of affiliates and discontinued operations	<u>\$ 104,774</u>	<u>\$ 90,633</u>	<u>\$ 57,987</u>

Asset Reconciliation

The following is a reconciliation of the Company's reportable segment assets to the Company's total assets as of January 3, 2010 and December 28, 2008, respectively.

	<u>2009</u>	<u>2008</u>
Reportable segment assets	\$ 1,362,874	\$ 1,195,272
Cash	33,856	31,655
Deferred income tax	17,020	21,757
Restricted cash	34,068	32,697
Assets of discontinued operations	—	7,240
Total assets	<u>\$ 1,447,818</u>	<u>\$ 1,288,621</u>

Geographic Information

The Company's international operations are conducted through (i) the Company's wholly owned Australian subsidiary, The GEO Group Australia Pty. Ltd., through which the Company has management contracts for four correctional facilities, two police custody centers and also provides comprehensive healthcare services to eight government-operated prisons; (ii) the Company's consolidated joint venture in South Africa, SACM, through which the Company manages one correctional facility; and (iii) the Company's wholly-owned subsidiary in the United Kingdom, The GEO Group UK Ltd., through which the Company manages two facilities including the Campsfield House Immigration Removal Centre and the Harmondsworth Immigration Removal Centre.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

<u>Fiscal Year</u>	<u>2009</u>	<u>2008</u> (In thousands)	<u>2007</u>
Revenues:			
U.S. operations	\$ 1,003,919	\$ 914,334	\$ 848,308
Australia operations	103,197	101,995	97,116
South African operations	16,843	15,316	15,915
United Kingdom	17,131	11,361	14,960
Total revenues	<u>\$ 1,141,090</u>	<u>\$ 1,043,006</u>	<u>\$ 976,299</u>
Long-lived assets:			
U.S. operations	\$ 994,328	\$ 875,703	\$ 779,905
Australia operations	2,887	2,000	2,187
South African operations	447	492	590
United Kingdom	899	421	681
Total long-lived assets	<u>\$ 998,560</u>	<u>\$ 878,616</u>	<u>\$ 783,363</u>

Sources of Revenue

The Company derives most of its revenue from the management of privatized correction and detention facilities. The Company also derives revenue from the management of GEO Care facilities and from the construction and expansion of new and existing correctional, detention and GEO Care facilities. All of the Company's revenue is generated from external customers.

<u>Fiscal Year</u>	<u>2009</u>	<u>2008</u> (In thousands)	<u>2007</u>
Revenues:			
Correction and detention	\$ 921,237	\$ 839,710	\$ 757,330
GEO Care	121,818	117,399	110,165
Facility construction and design	98,035	85,897	108,804
Total revenues	<u>\$ 1,141,090</u>	<u>\$ 1,043,006</u>	<u>\$ 976,299</u>

Equity in Earnings of Affiliates

Equity in earnings of affiliates for 2009, 2008 and 2007 include one of the joint ventures in South Africa, SACS. This entity is accounted for under the equity method and the Company's investment in SACS is presented as a component of other non-current assets in the accompanying consolidated balance sheets.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

A summary of financial data for SACS is as follows:

<u>Fiscal Year</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
		(In thousands)	
Statement of Operations Data			
Revenues	\$ 37,736	\$ 35,558	\$ 36,720
Operating income	14,958	13,688	14,976
Net income	7,034	9,247	4,240
Balance Sheet Data			
Current assets	33,808	18,421	21,608
Noncurrent assets	47,453	37,722	53,816
Current liabilities	2,888	2,245	6,120
Non-current liabilities	53,877	41,321	62,401
Shareholders' equity	24,496	12,577	6,903

As of January 3, 2010 and December 28, 2008, the Company's investment in SACS was \$12.2 million and \$6.2 million, respectively. The investment is included in other non-current assets in the accompanying consolidated balance sheets.

Business Concentration

Except for the major customers noted in the following table, no other single customer made up greater than 10% of the Company's consolidated revenues for the following fiscal years.

<u>Customer</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
Various agencies of the U.S. Federal Government	31%	28%	27%
Various agencies of the State of Florida	16%	17%	16%

Credit risk related to accounts receivable is reflective of the related revenues.

18. Income Taxes

The United States and foreign components of income (loss) before income taxes and equity income from affiliates are as follows:

	<u>2009</u>	<u>2008</u>	<u>2007</u>
		(In thousands)	
Income (loss) before income taxes, equity earnings in affiliates, and discontinued operations			
United States	\$ 96,651	\$ 78,542	\$ 45,875
Foreign	8,123	12,091	12,112
	<u>104,774</u>	<u>90,633</u>	<u>57,987</u>
Discontinued operations:			
Income (loss) from operation of discontinued business	(562)	(2,316)	6,066
Total	<u>\$ 104,212</u>	<u>\$ 88,317</u>	<u>\$ 64,053</u>

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

Taxes on income (loss) consist of the following components:

	<u>2009</u>	<u>2008</u> (In thousands)	<u>2007</u>
Federal income taxes:			
Current	\$ 24,443	\$ 24,164	\$ 19,211
Deferred	<u>10,734</u>	<u>2,621</u>	<u>(4,546)</u>
	<u>35,177</u>	<u>26,785</u>	<u>14,665</u>
State income taxes:			
Current	2,889	2,626	3,579
Deferred	<u>310</u>	<u>(558)</u>	<u>(399)</u>
	<u>3,199</u>	<u>2,068</u>	<u>3,180</u>
Foreign:			
Current	4,649	4,357	4,336
Deferred	<u>(1,034)</u>	<u>593</u>	<u>(132)</u>
	<u>3,615</u>	<u>4,950</u>	<u>4,204</u>
Total U.S. and foreign	<u>41,991</u>	<u>33,803</u>	<u>22,049</u>
Discontinued operations:			
Taxes (benefit) from operations of discontinued business	<u>(216)</u>	<u>236</u>	<u>2,310</u>
Total	<u>\$ 41,775</u>	<u>\$ 34,039</u>	<u>\$ 24,359</u>

A reconciliation of the statutory U.S. federal tax rate (35.0%) and the effective income tax rate is as follows:

	<u>2009</u>	<u>2008</u> (In thousands)	<u>2007</u>
Continuing operations:			
Provisions using statutory federal income tax rate	\$ 36,671	\$ 31,722	\$ 20,295
State income taxes, net of federal tax benefit	2,949	2,635	1,965
Other, net	<u>2,371</u>	<u>(554)</u>	<u>(211)</u>
Total continuing operations	<u>41,991</u>	<u>33,803</u>	<u>22,049</u>
Discontinued operations:			
Taxes (benefit) from operations of discontinued business	<u>(216)</u>	<u>236</u>	<u>2,310</u>
Provision (benefit) for income taxes	<u>\$ 41,775</u>	<u>\$ 34,039</u>	<u>\$ 24,359</u>

The components of the net current deferred income tax asset as of January 3, 2010 are as follows:

	<u>2009</u>	<u>2008</u> (In thousands)
Accrued liabilities	\$ 11,938	\$ 11,847
Accrued compensation	4,438	4,658
Other, net	<u>644</u>	<u>835</u>
Total asset	<u>\$ 17,020</u>	<u>\$ 17,340</u>

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

The components of the net non-current deferred income tax asset as of January 3, 2010 are as follows:

	<u>2009</u>	<u>2008</u>
	<u>(In thousands)</u>	
Deferred compensation	—	\$ 7,923
Other, net	—	3,787
Net operating losses	—	3,484
Tax credits	—	2,961
Deferred loan costs	—	2,360
Bond discount	—	(1,094)
Residual U.S. tax liability on un-repatriated foreign earnings	—	(1,915)
Intangible assets	—	(3,740)
Valuation allowance	—	(4,577)
Depreciation	—	(4,772)
Total asset	<u>—</u>	<u>\$ 4,417</u>

The components of the net non-current deferred income tax liability as of January 3, 2010 are as follows:

	<u>2009</u>	<u>2008</u>
	<u>(In thousands)</u>	
Deferred compensation	\$ 7,955	—
Net operating losses	6,150	—
Tax credits	4,203	—
Other, net	2,654	—
Deferred loan costs	2,211	—
Bond discount	(916)	—
Residual U.S. tax liability on unrepatriated foreign earnings	(1,775)	—
Valuation allowance	(5,587)	—
Intangible assets	(5,521)	—
Depreciation	(16,434)	(14)
Total liability	<u>\$ (7,060)</u>	<u>\$ (14)</u>

Deferred income taxes should be reduced by a valuation allowance if it is not more likely than not that some portion or all of the deferred tax assets will be realized. On a periodic basis, management evaluates and determines the amount of the valuation allowance required and adjusts such valuation allowance accordingly. At fiscal year end 2009 and 2008, the Company has a valuation allowance of \$6.0 million and \$4.8 million, respectively related to deferred tax assets for foreign net operating losses and state tax credits. The valuation allowance increased by \$1.2 million during the fiscal year ended January 3, 2010 primarily due to additional net operating losses at an international subsidiary that will likely not be realized. In the fiscal year ended January 3, 2010, the Company implemented new guidance relative to the accounting for business combinations and as such, for years beginning after December 15, 2008, the Company records the reduction of a valuation allowance related to business acquisitions as a reduction of income tax expense.

The Company provides income taxes on the undistributed earnings of non-U.S. subsidiaries except to the extent that such earnings are indefinitely invested outside the United States. At January 3, 2010, \$8.4 million of accumulated undistributed earnings of non-U.S. subsidiaries were indefinitely invested. At the existing U.S. federal income tax rate, additional taxes (net of foreign tax credits) of \$3.0 million would have to be provided if such earnings were remitted currently.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

At fiscal year end 2009, the Company had \$4.9 million of Federal net operating loss carryforwards which begin to expire in 2020 and \$4.8 million of combined net operating loss carryforwards in various states which begin to expire in 2015.

Also at fiscal year end 2009 the Company had \$14.0 million of foreign operating losses which carry forward indefinitely and \$6.3 million of state tax credits which begin to expire in 2010. The Company has recorded a full and partial valuation allowance against the deferred tax assets related to the foreign operating losses and state tax credits, respectively.

In fiscal 2008, the Company's equity affiliate SACS recognized a one time tax benefit of \$1.9 million related to a change in the tax treatment applicable to the affiliate with retroactive effect. Under the tax treatment, expenses which were previously disallowed are now deductible for South African tax purposes. The one time tax benefit relates to an increase in the deferred tax assets of the affiliate as a result of the change in tax treatment.

The Company recognizes the cost of employee services received in exchange for awards of equity instruments based upon the grant date fair value of those awards. The exercise of non-qualified stock options which have been granted under the Company's stock option plans give rise to compensation income which is includable in the taxable income of the applicable employees and deducted by the Company for federal and state income tax purposes. Such compensation income results from increases in the fair market value of the Company's common stock subsequent to the date of grant. At fiscal year end 2009 the deferred tax asset net of a valuation allowance related to unexercised stock options and restricted stock grants was \$2.2 million.

The Company implemented guidance relative to accounting for uncertainties in income taxes, effective at the beginning of the Company's fiscal year ended December 30, 2007. The Company recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more likely than not sustain the position following an audit. For tax positions meeting the more-likely-than-not threshold, the amount recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant tax authority.

A reconciliation of the beginning and ending amount of unrecognized tax benefits is as follows in (dollars in thousands):

	2009	2008
	(In thousands)	
Balance at Beginning of Period	\$ 5,889	\$ 5,417
Additions based on tax positions related to the current year	479	1,877
Additions for tax positions of prior years	4,854	659
Reductions for tax positions of prior years	(1,877)	(1,809)
Reductions as result of a lapse of applicable statutes of limitations	—	(169)
Settlements	(3,398)	(86)
Balance at End of Period	<u>\$ 5,947</u>	<u>\$ 5,889</u>

All amounts in the reconciliation are reported on a gross basis and do not reflect a federal tax benefit on state income taxes. Inclusive of the federal tax benefit on state income taxes the ending balance as of January 3, 2010 is \$5.6 million. Included in the balance at January 3, 2010 is \$0.5 million related to tax positions for which the ultimate deductibility is highly certain, but for which there is uncertainty about the timing of such deductibility. Under deferred tax accounting, the timing of a deduction does not affect the annual effective tax rate but does affect the timing of tax payments. Absent a decrease in the unrecognized tax benefits related to the reversal of these timing related tax positions, the Company does not anticipate any significant increase or decrease in the unrecognized tax benefits within 12 months of the reporting date.

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

Additions for tax positions of prior years reported in the reconciliation for 2009 include amounts related to proposed federal audit adjustments for the years 2002 through 2005, which the Company has appealed. The balance at January 3, 2010 includes \$5.1 million of unrecognized tax benefits which, if ultimately recognized, will reduce the Company's annual effective tax rate.

The Company is subject to income taxes in the U.S. federal jurisdiction, and various states and foreign jurisdictions. Tax regulations within each jurisdiction are subject to the interpretation of the related tax laws and regulations and require significant judgment to apply. With few exceptions, the Company is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for the years before 2002. The Internal Revenue Service (IRS) commenced an examination of the Company's U.S. income tax returns for 2006 through 2008 in the fourth quarter of 2009 that is anticipated to be completed by the end of 2011.

During the fourth fiscal quarter of 2009, the Internal Revenue Service (IRS) completed its examination of the Company's U.S. federal income tax returns for the years 2002 through 2005. Following the examination, the IRS notified the Company that it proposes to disallow a deduction that the Company realized during the 2005 tax year. The Company has appealed this proposed disallowed deduction with the IRS's appeals division and believes it has valid defenses to the IRS's position. However, if the disallowed deduction were to be sustained on appeal, it could result in a potential tax exposure to the Company of up to \$15.4 million. The Company believes in the merits of its position and intends to defend its rights vigorously, including its rights to litigate the matter if it cannot be resolved favorably at the IRS's appeals level. If this matter is resolved unfavorably, it may have a material adverse effect on the Company's financial position, results of operations and cash flows.

During the fiscal years ended January 3, 2010, December 28, 2008 and December 30, 2007, the Company recognized \$0.1 million, \$0.4 million and \$0.6 million in interest and penalties. The Company had accrued \$2.0 million and \$1.9 million for the payment of interest and penalties at January 3, 2010, and December 28, 2008, respectively. The Company classifies interest and penalties as interest expense and other expense, respectively.

19. Selected Quarterly Financial Data (Unaudited)

The Company's selected quarterly financial data is as follows (in thousands, except per share data):

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2009				
Revenues	\$ 259,061	\$ 276,379	\$ 294,865	\$ 310,785
Operating income(1),(4)	29,682	30,877	35,156	39,473
Income from continuing operations(2)	15,071	16,491	19,258	15,480
Income (loss) from discontinued operations, net of tax	(366)	20	—	—
Basic earnings per share:				
Income from continuing operations	\$ 0.30	\$ 0.32	\$ 0.38	\$ 0.30
Income (loss) from discontinued operations	(0.01)	0.01	0.00	0.00
Net income per share	\$ 0.29	\$ 0.33	\$ 0.38	\$ 0.30
Diluted earnings per share:				
Income from continuing operations	\$ 0.29	\$ 0.32	\$ 0.37	\$ 0.30
Income (loss) from discontinued operations	(0.01)	0.00	0.00	0.00
Net income per share	\$ 0.28	\$ 0.32	\$ 0.37	\$ 0.30

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2008				
Revenues	\$ 262,454	\$ 269,994	\$ 254,105	\$ 256,453
Operating income(1),(3)	23,523	26,828	28,580	34,859
Income from continuing operations	11,888	13,852	15,497	20,216
Income (loss) from discontinued operations, net of tax	519	347	362	(3,779)
Basic earnings per share:				
Income from continuing operations	\$ 0.24	\$ 0.27	\$ 0.31	\$ 0.40
Income (loss) from discontinued operations	0.01	0.01	0.00	(0.08)
Net income per share	\$ 0.25	\$ 0.28	\$ 0.31	\$ 0.32
Diluted earnings per share:				
Income from continuing operations	\$ 0.23	\$ 0.27	\$ 0.30	\$ 0.39
Income (loss) from discontinued operations	0.01	—	0.01	(0.07)
Net income per share	\$ 0.24	\$ 0.27	\$ 0.31	\$ 0.32

- (1) Operating income for First, Second, Third and Fourth Quarters 2009 includes start up costs of \$1.2 million, \$0.6 million, \$1.0 million and \$2.1 million, respectively for new facility management contracts. Start up costs in fiscal 2008 were \$1.7 million, \$2.3 million, \$2.8 million and \$1.4 million in First, Second, Third and Fourth Quarters, respectively.
- (2) Income from continuing operations for 2009 includes a loss of \$6.8 million on extinguishment of debt related to the tender premium and write off of deferred financing costs associated with the tender call of the company's 8 1/4% Senior Notes.
- (3) Operating income for Third and Fourth Quarters 2008 includes the effects of a change in our vacation policy for certain employees which conformed to a fiscal year-end based policy. The new policy allows employees to use vacation regardless of service period but within the fiscal year. Our results for fiscal Fourth Quarter ended December 28, 2008 include a one-time tax benefit related to our equity affiliate of \$1.9 million.
- (4) Third Quarter results reflect increases to insurance reserves of \$1.7 million, and \$2.7 million 2009 and 2008 respectively.

20. Subsequent event***Evaluation of subsequent events***

In May 2009, the FASB issued guidance which introduces the concept of financial statements being *available to be issued* and requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date as either the date the financial statements were issued or were available to be

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

issued. This standard became effective for the Company in the fiscal year ended January 3, 2010. The Company evaluated all events and transactions that occurred after January 3, 2010 up through February 22, 2010, the date the Company issued these financial statements. During this period, the Company did not have any material recognizable subsequent events; however, the Company did have unrecognizable subsequent events as discussed further below. The implementation of this standard did not have a significant impact on the Company's financial condition, results of operations or cash flows.

Interest rate swap

Effective January 6, 2010, the Company executed an interest rate swap agreement (the "Agreement") in the notional amount of \$25.0 million. The Company has designated this interest rate swap as a hedge against changes in the fair value of a designated portion of the 7³/₄% Senior Notes due to changes in underlying interest rates. The Agreement, which has payments, expiration dates and call provisions that mirror the terms of the 7³/₄% Senior Notes, effectively converts \$25.0 million of the principal into variable rate obligations. The Swap has a termination clause that gives the lender the right to terminate the interest rate swap at fair market value if the lender is no longer a party to the Credit Agreement. In addition to the termination clause, the Agreement also has call provisions which specify that the lender can elect to settle the swap for the call option price. Under the Agreement, the Company receives a fixed interest rate payment from the financial counterparty to the agreement equal to 7³/₄% per year calculated on the notional \$25.0 million amount, while it makes a variable interest rate payment to the same counterparty equal to the three-month LIBOR plus a fixed margin of 4.16%, also calculated on the notional \$25.0 million amount. Changes in the fair value of the interest rate swap are recorded in earnings along with related designated changes in the value of the 7³/₄% Senior Notes.

Stock repurchase program

On February 22, 2010, the Company announced that its Board of Directors approved a stock repurchase program for up to \$80.0 million of the Company's common stock effective through March 31, 2011. The stock repurchase is intended to be implemented through purchases made from time to time in the open market or in privately negotiated transactions, in accordance with applicable Securities and Exchange requirements. The program may also include repurchases from time to time from executive officers or directors of vested restricted stock and/or vested stock options. The stock repurchase program does not obligate GEO to purchase any specific amount of its common stock and may be suspended or extended at any time at the company's discretion.

Contract award

In Georgia, the Department of Corrections issued an RFP for 1,000 in-state beds. On February 22, 2010, the Company announced that the State of Georgia issued a notice of intent to award a contract to the Company for the development and operation of a new 1,000-bed facility, which is expandable to 2,500 beds. Under the terms of the intended award, the Company would finance, build, and operate the new \$60 million dollar facility under a long-term ground lease. The award is subject to obtaining approval of the proposed ground lease from the General Assembly. The Company expects this new 1,000-bed facility to generate approximately \$19 million dollars in annualized operating revenues once completed.

21. Condensed Consolidating Financial Information

On October 20, 2009, the Company completed an offering of \$250.0 million aggregate principal amount of its 7³/₄% Senior Notes due 2017 (the "Original Notes"). The Original Notes were sold to qualified institutional buyers in accordance with Rule 144A under the Securities Act of 1933, as amended (the "Securities Act"), and outside the United States only to non-U.S. persons in accordance with Regulation S

THE GEO GROUP, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS — (Continued)

promulgated under the Securities Act. In connection with the sale of the Original Notes, the Company entered into a Registration Rights Agreement with the initial purchasers of the Original Notes party thereto, pursuant to which the Company and its Subsidiary Guarantors (as defined below) agreed to file a registration statement with respect to an offer to exchange the Original Notes for a new issue of substantially identical notes registered under the Securities Act (the "Exchange Notes", and together with the Original Notes, the "7³/₄% Senior Notes"). The 7³/₄% Senior Notes are fully and unconditionally guaranteed on a joint and several senior unsecured basis by the Company and certain of its wholly-owned domestic subsidiaries (the "Subsidiary Guarantors").

The following condensed consolidating financial information, which has been prepared in accordance with the requirements for presentation of Rule 3-10(d) of Regulation S-X promulgated under the Securities Act, presents the condensed consolidating financial information separately for:

- (i) The GEO Group, Inc., as the issuer of the 7³/₄% Senior Notes;
- (ii) The Subsidiary Guarantors, on a combined basis, which are guarantors of the 7³/₄% Senior Notes;
- (iii) The Company's other subsidiaries, on a combined basis, which are not guarantors of the 7³/₄% Senior Notes (the "Subsidiary Non-Guarantors");
- (iv) Consolidating entries and eliminations representing adjustments to (a) eliminate intercompany transactions between or among the Company, the Subsidiary Guarantors and the Subsidiary Non-Guarantors and (b) eliminate the investments in the Company's subsidiaries; and
- (v) The Company and its subsidiaries on a consolidated basis.

CONDENSED CONSOLIDATING BALANCE SHEET

	As of January 3, 2010				
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Eliminations	Consolidated
	(Dollars in thousands)				
ASSETS					
Cash and cash equivalents	\$ 12,376	\$ 5,333	\$ 16,147	\$ —	\$ 33,856
Restricted cash	—	—	13,313	—	13,313
Accounts receivable, net	110,643	53,457	36,656	—	200,756
Deferred income tax asset, net	12,197	1,354	3,469	—	17,020
Other current assets, net	4,428	2,311	7,950	—	14,689
Total current assets	139,644	62,455	77,535	—	279,634
Restricted Cash	2,900	—	17,855	—	20,755
Property and Equipment, Net	438,504	489,586	70,470	—	998,560
Assets Held for Sale	3,083	1,265	—	—	4,348
Direct Finance Lease Receivable	—	—	37,162	—	37,162
Intercompany Receivable	3,324	13,000	1,712	(18,036)	—
Goodwill	34	39,387	669	—	40,090
Intangible Assets, net	—	15,268	2,311	—	17,579
Investment in Subsidiaries	650,605	—	—	(650,605)	—
Other Non-Current Assets	23,431	—	26,259	—	49,690
	\$ 1,261,525	\$ 620,961	\$ 233,973	\$ (668,641)	\$ 1,447,818
Current Liabilities					
Accounts payable	\$ 35,949	\$ 6,622	\$ 9,285	\$ —	\$ 51,856
Accrued payroll and related taxes	6,729	5,414	13,066	—	25,209
Accrued expenses	55,720	2,890	22,149	—	80,759
Current portion of debt	3,678	705	15,241	—	19,624
Total current liabilities	102,076	15,631	59,741	—	177,448
Deferred Income Tax Liability	6,652	—	408	—	7,060
Intercompany Payable	1,712	—	16,324	(18,036)	—
Other Non-Current Liabilities	32,127	1,015	—	—	33,142
Capital Lease Obligations	—	14,419	—	—	14,419
Long-Term Debt	453,860	—	—	—	453,860
Non-Recourse Debt	—	—	96,791	—	96,791
Commitments & Contingencies (Note 12)	665,098	589,896	60,709	(650,605)	665,098
Total Shareholders' Equity	\$ 1,261,525	\$ 620,961	\$ 233,973	\$ (668,641)	\$ 1,447,818

CONDENSED CONSOLIDATING BALANCE SHEET — (Continued)

	As of December 28, 2008				
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Eliminations	Consolidated
	(Dollars in thousands)				
ASSETS					
Cash and cash equivalents	\$ 15,807	\$ 130	\$ 15,718	\$ —	\$ 31,655
Restricted cash	—	—	13,318	—	13,318
Accounts receivable, net	135,441	39,683	24,541	—	199,665
Deferred income tax asset, net	13,332	1,286	2,722	—	17,340
Other current assets	6,256	1,985	4,670	—	12,911
Current assets of discontinued operations	6,213	788	30	—	7,031
Total current assets	177,049	43,872	60,999	—	281,920
Restricted Cash	—	—	19,379	—	19,379
Property and Equipment, Net	393,931	408,124	76,561	—	878,616
Assets Held for Sale	3,083	1,265	—	—	4,348
Direct Finance Lease Receivable	—	—	31,195	—	31,195
Intercompany Receivable	2,755	—	1,474	(4,229)	—
Deferred Income Tax Assets, Net	2,083	2,298	36	—	4,417
Goodwill	34	21,658	510	—	22,202
Intangible Assets, net	—	10,535	1,858	—	12,393
Investment in Subsidiaries	521,960	—	—	(521,960)	—
Other Non-Current Assets	16,719	13,009	4,214	—	33,942
Non-Current Assets of Discontinued Operations	133	14	62	—	209
	\$ 1,117,747	\$ 500,775	\$ 196,288	\$ (526,189)	\$ 1,288,621
Current Liabilities					
Accounts payable	\$ 45,099	\$ 3,163	\$ 7,881	\$ —	\$ 56,143
Accrued payroll and related taxes	17,400	2,446	8,111	—	27,957
Accrued expenses	62,500	2,012	17,930	—	82,442
Current portion of debt	3,678	674	13,573	—	17,925
Intercompany payable	1,474	—	2,455	(3,929)	—
Current liabilities of discontinued operations	1,141	102	216	—	1,459
Total current liabilities	131,292	8,397	50,166	(3,929)	185,926
Deferred Income Tax Liability	—	—	14	—	14
Other Non-Current Liabilities	28,410	466	—	—	28,876
Capital Lease Obligations	—	15,126	—	—	15,126
Long-Term Debt	378,448	—	300	(300)	378,448
Non-Recourse Debt	—	—	100,634	—	100,634
Commitments & Contingencies (Note 12)	579,597	476,786	45,174	(521,960)	579,597
Total Shareholders' Equity	\$ 1,117,747	\$ 500,775	\$ 196,288	\$ (526,189)	\$ 1,288,621

CONDENSED CONSOLIDATING STATEMENTS OF OPERATIONS

For the Fiscal Year Ended January 3, 2010					
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Eliminations	Consolidated
	(Dollars in thousands)				
Revenues	\$ 620,271	\$ 335,588	\$ 235,747	\$ (50,516)	\$ 1,141,090
Operating Expenses	523,820	218,679	205,373	(50,516)	897,356
Depreciation and Amortization	17,877	17,128	4,301	—	39,306
General and Administrative Expenses	36,042	19,500	13,698	—	69,240
Operating Income	42,532	80,281	12,375	—	135,188
Interest Income	202	12	4,729	—	4,943
Interest Expense	(19,709)	—	(8,809)	—	(28,518)
Loss on Extinguishment of Debt	(6,839)	—	—	—	(6,839)
Income Before Income Taxes, Equity in Earnings of Affiliates, and Discontinued Operations	16,186	80,293	8,295	—	104,774
Provision for Income Taxes	6,439	31,937	3,615	—	41,991
Equity in Earnings of Affiliates, net of income tax	—	—	3,517	—	3,517
Income from Continuing Operations Before Equity Income of Consolidated Subsidiaries	9,747	48,356	8,197	—	66,300
Income in Consolidated Subsidiaries, net of income tax	56,553	—	—	(56,553)	—
Income from Continuing Operations	66,300	48,356	8,197	(56,553)	66,300
Loss from Discontinued Operations, net of income tax	(346)	(193)	—	193	(346)
Net Income	\$ 65,954	\$ 48,163	\$ 8,197	\$ (56,360)	\$ 65,954

CONDENSED CONSOLIDATING STATEMENTS OF OPERATIONS — (Continued)

	For the Fiscal Year Ended December 28, 2008				
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Eliminations	Consolidated
	(Dollars in thousands)				
Revenues	\$ 545,590	\$ 327,079	\$ 215,157	\$ (44,820)	\$ 1,043,006
Operating Expenses	469,903	216,380	181,196	(44,820)	822,659
Depreciation and Amortization	16,284	16,120	5,002	—	37,406
General and Administrative Expenses	34,682	20,792	13,677	—	69,151
Operating Income	24,721	73,787	15,282	—	113,790
Interest Income	323	84	6,638	—	7,045
Interest Expense	(20,505)	—	(9,697)	—	(30,202)
Income Before Income Taxes, Equity in Earnings of Affiliates, and Discontinued Operations	4,539	73,871	12,223	—	90,633
Provision for Income Taxes	1,670	27,183	4,950	—	33,803
Equity in Earnings of Affiliates, net of income tax	—	—	4,623	—	4,623
Income from Continuing Operations Before Equity Income of Consolidated Subsidiaries	2,869	46,688	11,896	—	61,453
Equity in Income of Consolidated Subsidiaries	58,584	—	—	(58,584)	—
Income from Continuing Operations	61,453	46,688	11,896	(58,584)	61,453
Loss from Discontinued Operations, net of income tax	(2,551)	(628)	(2,929)	3,557	(2,551)
Net Income	\$ 58,902	\$ 46,060	\$ 8,967	\$ (55,027)	\$ 58,902

CONDENSED CONSOLIDATING STATEMENTS OF OPERATIONS — (Continued)

For the Fiscal Year Ended December 30, 2007					
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Eliminations	Consolidated
	(Dollars in thousands)				
Revenues	\$ 472,517	\$ 299,420	\$ 237,257	\$ (32,895)	\$ 976,299
Operating Expenses	414,108	204,608	202,682	(32,895)	788,503
Depreciation and Amortization	13,281	15,140	4,797	—	33,218
General and Administrative Expenses	30,196	19,134	15,162	—	64,492
Operating Income	14,932	60,538	14,616	—	90,086
Interest Income	1,540	222	6,984	—	8,746
Interest Expense	(26,402)	—	(9,649)	—	(36,051)
Loss on Extinguishment of Debt	(4,794)	—	—	—	(4,794)
Income Before Income Taxes, Equity in Earnings of Affiliates, and Discontinued Operations	(14,724)	60,760	11,951	—	57,987
Provision for Income Taxes	(5,629)	23,230	4,448	—	22,049
Equity in Earnings of Affiliates, net of income tax	—	—	2,151	—	2,151
Income (loss) from Continuing Operations Before Equity Income of Consolidated Subsidiaries	(9,095)	37,530	9,654	—	38,089
Equity in Income of Consolidated Subsidiaries	47,184	—	—	(47,184)	—
Income from Continuing Operations	38,089	37,530	9,654	(47,184)	38,089
Loss from Discontinued Operations, net of income tax	3,756	1,864	24	(1,888)	3,756
Net Income	\$ 41,845	\$ 39,394	\$ 9,678	\$ (49,072)	\$ 41,845

CONDENSED CONSOLIDATING STATEMENTS OF CASH FLOWS

	For the Fiscal Year Ended January 3, 2010			
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Consolidated
	(Dollars in thousands)			
Operating Activities:				
Net cash provided by operating activities	\$ (5,448)	\$ 119,792	\$ 16,585	\$ 130,929
Cash Flow from Investing Activities:				
Acquisitions, net of cash acquired	—	(38,386)	—	(38,386)
Proceeds from sale of assets	150	29	—	179
Dividend from subsidiary	7,400	—	(7,400)	—
Change in restricted cash	—	—	2,713	2,713
Capital expenditures	(72,379)	(75,556)	(1,844)	(149,779)
Net cash used in investing activities	(64,829)	(113,913)	(6,531)	(185,273)
Cash Flow from Financing Activities:				
Proceeds from long-term debt	333,000	—	—	333,000
Income tax benefit of equity compensation	601	—	—	601
Debt issuance costs	(17,253)	—	—	(17,253)
Termination of interest rate swap agreements	1,719	—	—	1,719
Payments on long-term debt	(252,678)	(676)	(14,120)	(267,474)
Proceeds from the exercise of stock options	1,457	—	—	1,457
Net cash provided by (used in) financing activities	66,846	(676)	(14,120)	52,050
Effect of Exchange Rate Changes on Cash and Cash Equivalents	—	—	4,495	4,495
Net Increase (Decrease) in Cash and Cash Equivalents	(3,431)	5,203	429	2,201
Cash and Cash Equivalents, beginning of period	15,807	130	15,718	31,655
Cash and Cash Equivalents, end of period	\$ 12,376	\$ 5,333	\$ 16,147	\$ 33,856

CONDENSED CONSOLIDATING STATEMENTS OF CASH FLOWS — (Continued)

	For the Fiscal Year Ended December 28, 2008			
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Consolidated
	(Dollars in thousands)			
Operating Activities:				
Net cash provided by operating activities	\$ 42,322	\$ 3,374	\$ 25,648	\$ 71,344
Cash Flow from Investing Activities:				
Proceeds from sale of assets	—	1,029	107	1,136
Purchase of shares in consolidated affiliate	—	—	(2,189)	(2,189)
Dividend from subsidiary	2,676	—	(2,676)	—
Change in restricted cash	—	29	423	452
Capital expenditures	(123,401)	(3,615)	(3,974)	(130,990)
Net cash used in investing activities	(120,725)	(2,557)	(8,309)	(131,591)
Cash Flow from Financing Activities:				
Proceeds from long-term debt	156,000	—	—	156,000
Income tax benefit of equity compensation	786	—	—	786
Debt issuance costs	(3,685)	—	—	(3,685)
Payments on long-term debt	(85,678)	(822)	(13,656)	(100,156)
Proceeds from the exercise of stock options	753	—	—	753
Net cash provided by (used in) financing activities	68,176	(822)	(13,656)	53,698
Effect of Exchange Rate Changes on Cash and Cash Equivalents	—	—	(6,199)	(6,199)
Net Decrease in Cash and Cash Equivalents	(10,227)	(5)	(2,516)	(12,748)
Cash and Cash Equivalents, beginning of period	26,034	135	18,234	44,403
Cash and Cash Equivalents, end of period	\$ 15,807	\$ 130	\$ 15,718	\$ 31,655

CONDENSED CONSOLIDATING STATEMENTS OF CASH FLOWS — (Continued)

	For the Fiscal Year Ended December 30, 2007			
	The GEO Group Inc.	Combined Subsidiary Guarantors	Combined Non-Guarantor Subsidiaries	Consolidated
	(Dollars in thousands)			
Operating Activities:				
Net cash provided by operating activities	\$ 44,764	\$ 14,127	\$ 20,037	\$ 78,928
Cash Flow from Investing Activities:				
Acquisitions, net of cash acquired	(410,473)	—	—	(410,473)
CSC purchase price adjustment	—	2,291	—	2,291
Proceeds from sale of assets	1,174	3,185	117	4,476
Dividend from subsidiary	12,418	—	(12,418)	—
Change in restricted cash	—	(1)	(19)	(20)
Capital expenditures	(94,107)	(19,079)	(2,018)	(115,204)
Net cash used in investing activities	(490,988)	(13,604)	(14,338)	(518,930)
Cash Flow from Financing Activities:				
Proceeds from equity offering, net	227,485	—	—	227,485
Proceeds from long-term debt	387,000	—	—	387,000
Income tax benefit of equity compensation	3,061	—	—	3,061
Debt issuance costs	(9,210)	—	—	(9,210)
Payments on long-term debt	(224,765)	(784)	(11,750)	(237,299)
Proceeds from the exercise of stock options	1,239	—	—	1,239
Net cash provided by (used in) financing activities	384,810	(784)	(11,750)	372,276
Effect of Exchange Rate Changes on Cash and Cash Equivalents	—	—	609	609
Net Decrease in Cash and Cash Equivalents	(61,414)	(261)	(5,442)	(67,117)
Cash and Cash Equivalents, beginning of period	87,448	396	23,676	111,520
Cash and Cash Equivalents, end of period	\$ 26,034	\$ 135	\$ 18,234	\$ 44,403

Item 9. *Changes in and Disagreements with Accountants on Accounting and Financial Disclosure*

None.

Item 9A. *Controls and Procedures*

Disclosure Controls and Procedures

Our management, with the participation of our Chief Executive Officer and our Chief Financial Officer, has evaluated the effectiveness of our disclosure controls and procedures (as such term is defined in Rules 13a-15(e) and 15d-15(e) under the Securities Exchange Act of 1934, as amended, referred to as the Exchange Act), as of the end of the period covered by this report. On the basis of this review, our management, including our Chief Executive Officer and our Chief Financial Officer, has concluded that as of the end of the period covered by this report, our disclosure controls and procedures were effective to give reasonable assurance that the information required to be disclosed in our reports filed with the Securities and Exchange Commission, or the SEC, under the Exchange Act is recorded, processed, summarized and reported within the time periods specified in the rules and forms of the SEC, and to ensure that the information required to be disclosed in the reports filed or submitted under the Exchange Act is accumulated and communicated to our management, including our Chief Executive Officer and our Chief Financial Officer, in a manner that allows timely decisions regarding required disclosure.

It should be noted that the effectiveness of our system of disclosure controls and procedures is subject to certain limitations inherent in any system of disclosure controls and procedures, including the exercise of judgment in designing, implementing and evaluating the controls and procedures, the assumptions used in identifying the likelihood of future events, and the inability to eliminate misconduct completely. Accordingly, there can be no assurance that our disclosure controls and procedures will detect all errors or fraud. As a result, by its nature, our system of disclosure controls and procedures can provide only reasonable assurance regarding management's control objectives.

Internal Control Over Financial Reporting

(a) *Management's Annual Report on Internal Control Over Financial Reporting*

See "Item 8. — Financial Statements and Supplemental Data — Management's Report on Internal Control over Financial Reporting" for management's report on the effectiveness of our internal control over financial reporting as of January 3, 2010.

(b) *Attestation Report of the Registered Public Accounting Firm*

See "Item 8. — Financial Statements and Supplemental Data — Report of Independent Registered Certified Public Accountants" for the report of our independent registered public accounting firm on the effectiveness of our internal control over financial reporting as of January 3, 2010.

(c) *Changes in Internal Control over Financial Reporting*

Our management is responsible for reporting any changes in our internal control over financial reporting (as such terms is defined in Rules 13a-15(f) and 15d-15(f) under the Exchange Act) during the period to which this report relates that have materially affected, or are reasonably likely to materially affect, our internal control over financial reporting. Management believes that there have not been any changes in our internal control over financial reporting (as such term is defined in Rules 13a-15(f) and 15d-15(f) under the Exchange Act) during the period to which this report relates that have materially affected, or are reasonably likely to materially affect, our internal control over financial reporting.

Item 9B. *Other Information*

None.

PART III

Items 10, 11, 12, 13 and 14

The information required by Items 10, 11, 12 (except for the information required by Item 201(d) of Regulation S-K which is included in Part II, Item 5 of this report), 13 and 14 of Form 10-K will be contained in, and is incorporated by reference from, the proxy statement for our 2010 annual meeting of shareholders, which will be filed with the SEC pursuant to Regulation 14A within 120 days after the end of the fiscal year covered by this report.

PART IV

Item 15. Exhibits, and Financial Statement Schedules

(a)(1) Financial Statements.

The consolidated financial statements of GEO are filed under Item 8 of Part II of this report.

(2) Financial Statement Schedules.

Schedule II — Valuation and Qualifying Accounts — Page 130

All other schedules specified in the accounting regulations of the Securities and Exchange Commission have been omitted because they are either inapplicable or not required.

(3) Exhibits Required by Item 601 of Regulation S-K. The following exhibits are filed as part of this Annual Report:

Exhibit Number	Description
2.1	— Agreement and Plan of Merger, dated as of September 19, 2006, among the Company, GEO Acquisition II, Inc. and CentraCore Properties Trust (incorporated herein by reference to Exhibit 2.1 of the Company's report on Form 8-K, filed on September 21, 2006)
2.2	— Agreement and Plan of Merger, dated as of August 28, 2009 by and among Just Care, Inc., GEO Care, Inc. and GEO Care Acquisition, Inc. (incorporated by reference to Exhibit 2.1 of the Company's report on Form 8-K, filed on September 3, 2009)
3.1	— Amended and Restated Articles of Incorporation of the Company, dated May 16, 1994 (incorporated herein by reference to Exhibit 3.1 to the Company's registration statement on Form S-1, filed on May 24, 1994)
3.2	— Articles of Amendment to the Amended and Restated Articles of Incorporation, dated October 30, 2003 (incorporated herein by reference to Exhibit 3.2 to the Company's report on Form 10-K, filed on February 15, 2008)
3.3	— Articles of Amendment to the Amended and Restated Articles of Incorporation, dated November 25, 2003 (incorporated herein by reference to Exhibit 3.3 to the Company's report on Form 10-K, filed on February 15, 2008)
3.4	— Articles of Amendment to the Amended and Restated Articles of Incorporation, dated September 29, 2006 (incorporated herein by reference to Exhibit 3.4 to the Company's report on Form 10-K, filed on February 15, 2008)
3.5	— Articles of Amendment to the Amended and Restated Articles of Incorporation, dated May 30, 2007 (incorporated herein by reference to Exhibit 3.5 to the Company's report on Form 10-K, filed on February 15, 2008)
3.6	— Amended and Restated Bylaws of the Company (incorporated herein by reference to Exhibit 3.1 to the Company's report on Form 8-K, filed on April 2, 2008)
4.1	— Indenture, dated July 9, 2003, by and between the Company and The Bank of New York, as Trustee, relating to 8 ¹ / ₄ % Senior Notes Due 2013 (incorporated herein by reference to Exhibit 4.1 to the Company's report on Form 8-K, filed on July 29, 2003)

Table of Contents

Exhibit Number	Description
4.2	— Registration Rights Agreement, dated July 9, 2003, by and among the Company Corporation and BNP Paribas Securities Corp., Lehman Brothers Inc., First Analysis Securities Corporation, SouthTrust Securities, Inc. and Comerica Securities, Inc. (incorporated herein by reference to Exhibit 4.2 to the Company's report on Form 8-K, filed on July 29, 2003)
4.3	— Rights Agreement, dated as of October 9, 2003, between the Company and EquiServe Trust Company, N.A., as the Rights Agent (incorporated herein by reference to Exhibit 4.3 to the Company's report on Form 8-K, filed on July 29, 2003)
4.4	— Indenture dated as of October 20, 2009 among the Company, the Guarantors party thereto and Wells Fargo Bank, National Association, as Trustee, relating to 7 ³ / ₄ % Senior Notes Due 2017 (incorporated by reference to Exhibit 4.1 to the Company's report on Form 8-K, filed on October 20, 2009)
10.1	— Stock Option Plan (incorporated herein by reference to Exhibit 10.1 to the Company's registration statement on Form S-1, filed on May 24, 1994)†
10.2	— 1994 Stock Option Plan (incorporated herein by reference to Exhibit 10.2 to the Company's registration statement on Form S-1, filed on May 24, 1994)†
10.3	— Form of Indemnification Agreement between the Company and its Officers and Directors (incorporated herein by reference to Exhibit 10.3 to the Company's registration statement on Form S-1, filed on May 24, 1994)†
10.4	— Senior Officer Retirement Plan (incorporated herein by reference to Exhibit 10.4 to the Company's registration statement on Form S-1/A, filed on December 22, 1995)†
10.5	— Amendment to the Company's Senior Officer Retirement Plan (incorporated herein by reference to Exhibit 10.5 to the Company's report on Form 10-K, filed on March 23, 2005)†
10.6	— 1999 Stock Option Plan (incorporated herein by reference to Exhibit 10.12 to the Company's report on Form 10-K, filed on March 30, 2000)†
10.7	— Amended and Restated Employment Agreement, dated November 4, 2004, between the Company and Dr. George C. Zoley (incorporated herein by reference to Exhibit 10.1 to the Company's report on Form 10-Q, filed on November 4, 2004)†
10.8	— Amended and Restated Employment Agreement, dated November 4, 2004, between the Company and Wayne H. Calabrese (incorporated herein by reference to Exhibit 10.2 to the Company's report on Form 10-Q, filed on November 5, 2004)†
10.9	— Executive Employment Agreement, dated March 7, 2002, between the Company and Brian R. Evans (incorporated herein by reference to Exhibit 10.17 to the Company's report on Form 10-Q, filed on May 15, 2002)†
10.10	— Executive Retirement Agreement, dated March 7, 2002, between the Company and Dr. George C. Zoley (incorporated herein by reference to Exhibit 10.18 to the Company's report on Form 10-Q, filed on May 15, 2002)†
10.11	— Executive Retirement Agreement, dated March 7, 2002, between the Company and Wayne H. Calabrese (incorporated herein by reference to Exhibit 10.19 to the Company's report on Form 10-Q, filed on May 15, 2002)†
10.12	— Executive Retirement Agreement, dated March 7, 2002, between the Company and Brian R. Evans (incorporated herein by reference to Exhibit 10.20 to the Company's report on Form 10-Q, filed on May 15, 2002)†
10.13	— Amended Executive Retirement Agreement, dated January 17, 2003, by and between the Company and George C. Zoley (incorporated herein by reference to Exhibit 10.18 to the Company's report on Form 10-K, filed on March 20, 2003)†
10.14	— Amended Executive Retirement Agreement, dated January 17, 2003, by and between the Company and Wayne H. Calabrese (incorporated herein by reference to Exhibit 10.19 to the Company's report on Form 10-K, filed on March 20, 2003)†
10.15	— Amended Executive Retirement Agreement, dated January 17, 2003, by and between the Company and Brian R. Evans (incorporated herein by reference to Exhibit 10.20 to the Company's report on Form 10-K, filed on March 20, 2003)†

Table of Contents

Exhibit Number	Description
10.16	— Senior Officer Employment Agreement, dated March 23, 2005, by and between the Company and John J. Bulfin (incorporated herein by reference to Exhibit 10.22 to the Company's report on Form 10-K, filed on March 23, 2005)†
10.17	— Senior Officer Employment Agreement, dated March 23, 2005, by and between the Company and Jorge A. Dominicus (incorporated herein by reference to Exhibit 10.23 to the Company's report on Form 10-K, filed on March 23, 2005)†
10.18	— Senior Officer Employment Agreement, dated March 23, 2005, by and between the Company and John M. Hurley (incorporated herein by reference to Exhibit 10.24 to the Company's report on Form 10-K, filed on March 23, 2005)†
10.19	— Office Lease, dated September 12, 2002, by and between the Company and Canpro Investments Ltd. (incorporated herein by reference to Exhibit 10.22 to the Company's report on Form 10-K, filed on March 20, 2003)
10.20	— The Geo Group, Inc. Senior Management Performance Award Plan (incorporated herein by reference to Exhibit 10.1 to the Company's report on Form 10-Q, filed on May 13, 2005)
10.21	— The GEO Group, Inc. 2006 Stock Incentive Plan (incorporated herein by reference to Exhibit 10.21 to the Company's report on Form 10-K, filed on February 15, 2008)†
10.22	— Amendment to The Geo Group, Inc. 2006 Stock Incentive Plan (incorporated herein by reference to the Company's report on Form 10-Q, filed on August 9, 2007)
10.23	— Third Amended and Restated Credit Agreement, dated as of January 24, 2007, by and among The GEO Group, Inc., as Borrower, BNP Paribas, as Administrative Agent, BNP Paribas Securities Corp. as Lead Arranger and Syndication Agent, and the lenders who are, or may from time to time become, a party thereto (incorporated herein by reference to Exhibit 10.1 to the Company's report on Form 8-K, filed on January 30, 2007)
10.24	— Amendment No. 1 to the Third Amended and Restated Credit Agreement, dated as of January 31, 2007, between The GEO Group, Inc., as Borrower, and BNP Paribas, as Lender and as Administrative Agent (incorporated herein by reference to Exhibit 10.1 to the Company's report on Form 8-K, filed on February 6, 2007)
10.25	— Amendment No. 2 to the Third Amended and Restated Credit Agreement, dated as of January 31, 2007, between The GEO Group, Inc., as Borrower, and BNP Paribas, as Lender and as Administrative Agent (incorporated herein by reference to Exhibit 10.1 to the Company's report on Form 8-K, filed on February 20, 2007)
10.26	— Amendment No. 3 to the Third Amended and Restated Credit Agreement dated as of May 2, 2007, between The Geo Group, Inc., as Borrower, and BNP Paribas, as Lender and as Administrative Agent (incorporated herein by reference to Exhibit 10.1 to the Company's report on Form 8-K, dated May 8, 2007)
10.27	— Amendment No. 4 to the Third Amended and Restated Credit Agreement, dated effective as of August 26, 2008, between The GEO Group Inc., as Borrower, certain of GEO's subsidiaries, as Grantors, and BNP Paribas, as Lender and as Administrative Agent (incorporated by reference to Exhibit 10.1 of the Company's report on Form 8-K, filed on September 2, 2008)
10.28	— Form of Lender Addendum, dated as of October 29, 2008, by and among The GEO Group, Inc. as Borrower, BNP Paribas as Administrative Agent and the Lender parties thereto (incorporated by reference to Exhibit 10.2 to the Company's report on Form 10-Q, filed November 5, 2008)
10.29	— Second Amended and Restated Executive Employment Agreement, effective December 31, 2008, by and between The GEO Group, Inc. and George C. Zoley (incorporated by reference to Exhibit 10.1 to the Company's report on Form 8-K January 7, 2009)†
10.30	— Second Amended and Restated Executive Employment Agreement, effective December 31, 2008, by and between The GEO Group, Inc. and Wayne H. Calabrese (incorporated by reference to Exhibit 10.2 to the Company's report on Form 8-K January 7, 2009)†
10.31	— Amended and Restated Executive Employment Agreement, effective December 31, 2008, by and between The GEO Group, Inc. and Brian R. Evans (incorporated by reference to Exhibit 10.3 to the Company's report on Form 8-K January 7, 2009)†

Table of Contents

Exhibit Number	Description
10.32	— Amended and Restated Senior Officer Employment Agreement, effective December 31, 2008, by and between The GEO Group, Inc. and John J. Bulfin (incorporated by reference to Exhibit 10.4 to the Company's report on Form 8-K January 7, 2009)†
10.33	— Amended and Restated Senior Officer Employment Agreement, effective December 31, 2008, by and between The GEO Group, Inc. and Jorge A. Dominicis (incorporated by reference to Exhibit 10.5 to the Company's report on Form 8-K January 7, 2009)†
10.34	— Amended and Restated Senior Officer Employment Agreement, effective December 31, 2008, by and between The GEO Group, Inc. and Thomas M. Wierdsma (incorporated by reference to Exhibit 10.6 to the Company's report on Form 8-K January 7, 2009)†
10.35	— Amended and Restated The GEO Group, Inc. Senior Management Performance Award Plan, effective December 31, 2008 (incorporated by reference to Exhibit 10.7 to the Company's report on Form 8-K January 7, 2009)†
10.36	— Amended and Restated The GEO Group, Inc. Senior Officer Retirement Plan, effective December 31, 2008 (incorporated by reference to Exhibit 10.8 to the Company's report on Form 8-K January 7, 2009)†
10.37	— Amended and Restated The GEO Group, Inc. 2006 Stock Incentive Plan (incorporated by reference to Exhibit 10.1 to the Company's report on Form 8-K May 5, 2009)†
10.38	— Senior Officer Employment Agreement, dated August 3, 2009, by and between the Company and Brian Evans (incorporated by reference to Exhibit 10.1 to the Company's report on Form 10-Q, filed on August 3, 2009)†
10.39	— Registration Rights Agreement dated as of October 20, 2009 by and among the Company, the Guarantors party thereto and Banc of America Securities LLC, on behalf of itself and the other Initial Purchasers party thereto (incorporated by reference to Exhibit 10.1 to the Company's report on Form 8-K, filed on October 20, 2009)
10.40	— Amendment No. 5 to the Third Amended and Restated Credit Agreement dated as of October 5, 2009 between the Company, as Borrower, and BNP Paribas, as Lender and as Administrative Agent (incorporated by reference to Exhibit 10.2 to the Company's report on Form 8-K, filed on October 20, 2009)
10.41	— Amendment No. 6 to the Third Amended and Restated Credit Agreement dated as of October 14, 2009 between the Company, as Borrower, and BNP Paribas, as Lender and as Administrative Agent (incorporated by reference to Exhibit 10.3 to the Company's report on Form 8-K, filed on October 20, 2009)
10.42	— Amendment No. 7 to the Third Amended and Restated Credit Agreement dated as of December 4, 2009 between the Company, as Borrower, certain of GEO's subsidiaries, as Grantors, and BNP Paribas, as Lender and as Administrative Agent (incorporated by reference to Exhibit 10.1 to the Company's report on Form 8-K, filed on December 10, 2009)
21.1	— Subsidiaries of the Company*
23.1	— Consent of Grant Thornton LLP, independent registered certified public accountants*
31.1	— Rule 13a-14(a) Certification in accordance with Section 302 of the Sarbanes-Oxley Act of 2002.*
31.2	— Rule 13a-14(a) Certification in accordance with Section 302 of the Sarbanes-Oxley Act of 2002.*
32.1	— Certification pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.*
32.2	— Certification pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.*

* Filed herewith.

† Management contract or compensatory plan, contract or agreement as defined in Item 402 (a)(3) of Regulation S-K.

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

THE GEO GROUP, INC.

/s/ BRIAN R. EVANS

Brian R. Evans
Senior Vice President &
Chief Financial Officer

Date: February 22, 2010

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the Company and in the capacities and on the dates indicated.

Signature	Title	Date
_____ /s/ GEORGE C. ZOLEY George C. Zoley	Chairman of the Board & Chief Executive Officer (principal executive officer)	February 22, 2010
_____ /s/ WAYNE H. CALABRESE Wayne H. Calabrese	Vice Chairman of the Board, President & Chief Operating Officer	February 22, 2010
_____ /s/ BRIAN R. EVANS Brian R. Evans	Senior Vice President & Chief Financial Officer (principal financial officer)	February 22, 2010
_____ /s/ RONALD A. BRACK Ronald A. Brack	Vice President, Chief Accounting Officer and Controller (principal accounting officer)	February 22, 2010
_____ /s/ NORMAN A. CARLSON Norman A. Carlson	Director	February 22, 2010
_____ /s/ ANNE N. FOREMAN Anne N. Foreman	Director	February 22, 2010
_____ /s/ JOHN M. PALMS John M. Palms	Director	February 22, 2010
_____ /s/ RICHARD H. GLANTON Richard H. Glanton	Director	February 22, 2010
_____ /s/ CHRISTOPHER C. WHEELER	Director	February 22, 2010

THE GEO GROUP, INC.

SCHEDULE II
VALUATION AND QUALIFYING ACCOUNTS
For the Fiscal Years Ended January 3, 2010, December 28, 2008, and December 30, 2007

<u>Description</u>	<u>Balance at Beginning of Period</u>	<u>Charged to Cost and Expenses</u>	<u>Charged to Other Accounts</u> (In thousands)	<u>Deductions, Actual Charge-Offs</u>	<u>Balance at End of Period</u>
YEAR ENDED JANUARY 3, 2010:					
Allowance for doubtful accounts	\$ 625	\$ 485	\$ (346)	\$ (335)	\$ 429
YEAR ENDED DECEMBER 28, 2008:					
Allowance for doubtful accounts	\$ 445	\$ 602	\$ (302)	\$ (120)	\$ 625
YEAR ENDED DECEMBER 30, 2007:					
Allowance for doubtful accounts	\$ 926	\$ (176)	\$ (130)	\$ (120)	\$ 445
YEAR ENDED JANUARY 3, 2010:					
Asset Replacement Reserve	\$ 623	\$ (613)	\$ —	\$ (10)	\$ —
YEAR ENDED DECEMBER 28, 2008:					
Asset Replacement Reserve	\$ 885	\$ 54	\$ —	\$ (316)	\$ 623
YEAR ENDED DECEMBER 30, 2007:					
Asset Replacement Reserve	\$ 768	\$ 328	\$ —	\$ (211)	\$ 885

The GEO Group, Inc. Subsidiaries

GEO International Holdings, Inc.
GEO RE Holdings LLC
WCC Financial, Inc.
WCC Development, Inc.
WCC/FL/01, Inc.
WCC/FL/02, Inc.
GEO Design Services, Inc.
GEO Care, Inc.
The GEO Group UK Ltd.
The GEO Group Ltd.
South African Custodial Holdings Pty. Ltd.
The GEO Group Australasia Pty, Ltd.
GEO Australasia Pty, Ltd.
The GEO Group Australia Pty, Ltd.
Australasian Correctional Investment Pty, Ltd.
Pacific Rim Employment Pty, Ltd.
Wackenhut Corrections Corporation N.V.
Canadian Correctional Management, Inc.
Miramichi Youth Center Management, Inc.
Wackenhut Corrections Puerto Rico, Inc.
Correctional Services Corporation
CPT Limited Partner LLC
CPT Operating Partnership LP
Correctional Properties Prison Finance LLC
Public Properties Development & Leasing LLC
GEO Holdings I, Inc.
GEO Acquisition II, Inc.
GEO Transport, Inc.
CSC of Tacoma, LLC
CPT Limited Partner, LLC
CPT Operating Partnership L.P.
Correctional Properties Prison Finance LLC
Public Properties Development and Leasing LLC
Just Care Inc.,

Consent of Independent Registered Public Accounting Firm

We have issued our reports dated February 22, 2010, with respect to the consolidated financial statements, schedule and internal control over financial reporting included in the Annual Report of The GEO Group, Inc. on Form 10-K for the year ended January 3, 2010. We hereby consent to the incorporation by reference of said reports in the Registration Statements of The GEO Group, Inc. on Form S-4 (File No. 333-163912, effective December 22, 2009), Forms S-3 (File No. 333-141244, effective March 13, 2007 and File No. 333-111003, effective December 8, 2003 as amended by File No. 333-111003, effective January 20, 2004 as amended by File No. 333-111003, effective January 26, 2004) and Forms S-8 (File No. 333-142589, effective May 3, 2007, File No. 333-79817, effective June 2, 1999, File No. 333-17265, effective December 4, 1996, File No. 333-09977, effective August 12, 1996 and File No. 333-09981, effective August 12, 1996).

/s/ Grant Thornton, LLP

Miami, Florida
February 22, 2010

CERTIFICATION OF CHIEF EXECUTIVE OFFICER

I, George C. Zoley, certify that:

1. I have reviewed this annual report on Form 10-K of The GEO Group, Inc.;
2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;
3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;
4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f), for the registrant and have:
 - a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;
 - b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;
 - c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and
 - d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fiscal fourth quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and
5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's Board of Directors (or persons performing the equivalent functions):
 - a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and
 - b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal controls over financial reporting.

/s/ George C. Zoley

George C. Zoley
Chief Executive Officer

Date: February 22, 2010

CERTIFICATION OF CHIEF FINANCIAL OFFICER

I, Brian R. Evans, certify that:

1. I have reviewed this annual report on Form 10-K of The GEO Group, Inc.;
2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;
3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;
4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f), for the registrant and have:
 - a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;
 - b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;
 - c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and
 - d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fiscal fourth quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and
5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's Board of Directors (or persons performing the equivalent functions):
 - a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and
 - b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal controls over financial reporting.

/s/ Brian R. Evans

Brian R. Evans
Chief Financial Officer

Date: February 22, 2010

**CERTIFICATION OF CHIEF EXECUTIVE OFFICER PURSUANT TO 18 U.S.C. SECTION 1350,
AS
ADOPTED PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report on Form 10-K of The GEO Group, Inc. (the "Company") for the fiscal year ended January 3, 2010 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), I George C. Zoley, Chief Executive Officer of the Company, hereby certify, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002 that:

(1) the Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended; and

(2) the information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ George C. Zoley

George C. Zoley
Chief Executive Officer

Date: February 22, 2010

**CERTIFICATION OF CHIEF FINANCIAL OFFICER PURSUANT TO 18 U.S.C. SECTION 1350,
AS
ADOPTED PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report on Form 10-K of The GEO Group, Inc. (the "Company") for the fiscal year ended January 3, 2010 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), I Brian R. Evans, Chief Financial Officer of the Company, hereby certify, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002 that:

(1) the Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended; and

(2) the information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ Brian R. Evans

Brian R. Evans
Chief Financial Officer

Date: February 22, 2010

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Completed Form DGS-30-168 & Attachments





DGS-30-168
(Rev. 05/02)

CO-16

COMMONWEALTH OF VIRGINIA

STANDARD FORM

FOR

CONTRACTOR'S STATEMENT

OF QUALIFICATIONS

Page 1 of



**Hensel Phelps
Construction Co.**



DGS-30-168
(Rev. 05/02)

CO-16

TABLE of CONTENTS

I	General Information
II	Bonding
III	Judgments
IV	Convictions and Debarment
V	Compliance
VI	Experience
VII	Signatures
	Attachments





DGS-30-168
(Rev. 05/02)

CO-16

CONTRACTOR'S STATEMENT OF QUALIFICATIONS

I. General Information

1. Submitted to (agency): State of Virginia

Address: Virginia

2. Name of Project (if applicable): Virginia Center for Behavioral Rehabilitation (Burkeville, VA)
and Project Code Number PC#

3. Type of work you wish to qualify for:

 ☒ General Construction
 ☐ Mechanical
 ☐ Electrical
 ☐ Other
 Specify:

4. Contractor's Name: Hensel Phelps Construction Co.

Mailing Address: 4437 Brookfield Corporate Drive, Ste. 207
Chantilly, VA 20151

Street Address: (If not the same as mailing address)
Same as Mailing Address

Telephone Number: (703) 828.3200

Facsimile Number: (703)802.1580

Contact Person: Steven J. Speer

Contact Person Phone Number: (703)828.3200

State Contractor's License Number: 27010374554A. A copy of our State License is provided herein.

Designated Employee Registered with the Virginia Board for Contractors: Jerry L. Morgensen





DGS-30-168
(Rev. 05/02)

CO-16

General Information (continued)

5. Check type of organization:

Corporation ☒ Partnership
Individual _____ Joint Venture
Other _____

6. If a corporation -

State of Incorporation: Delaware

Date of Incorporation: 1937

Federal I.D. #: 84-087-6644

<u>Officers</u>	<u>Name</u>	<u>Years in Position</u>
-----------------	-------------	--------------------------

See Table 1 provided herein.

President:

Vice President

Secretary

Treasurer

Are you a Subchapter S Corporation? Yes _____ No ☒

7. If a partnership - n/a

Date organized:

Type of partnership:

List of General Partners:

<u>Name</u>	<u>Phone #</u>	<u>Years as G.P.</u>
-------------	----------------	----------------------

8. If individually owned - n/a

Years in Business:





DGS-30-168
(Rev. 05/02)

CO-16

General Information (continued)

9. Have you ever operated under another name? Yes x No

If yes -

Other name: Phelps, Inc.

Number of years in business under this name: 8 years

State license number under this name: 934240

II. Bonding

Please have your Bonding Company execute a statement similar to the one at Attachment 1 and attach the completed and signed statement as Attachment 2 to this completed G.S. Form E&B CO-16

1. Bonding Company's name: Travelers Casualty & Surety Company
Address: PO Box 173713
Denver, CO 173713

Representative (Attorney-in-fact): Richard Schultz

2. Is the Bonding Company listed on the United States Department of the Treasury list of acceptable surety corporations?

Yes x No

3. Is the Bonding Company licensed to transact fidelity and surety business in the Commonwealth of Virginia?

Yes x No





DGS-30-168
(Rev. 05/02)

CO-16

III. Judgments

In the last ten years, has your organization, or any officer, director, partner or owner, had judgments entered against it or them for the breach of contracts for construction?

Yes _____ No ☒

If yes, please on a separate attachment, state the person or entity against whom the judgment was entered, give the location and date of the judgment, describe the project involved, and explain the circumstances relating to the judgment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

IV. Convictions and Debarment

If you answer yes to any of the following, please on a separate attachment, state the person or entity against whom the conviction or debarment was entered, give the location and date of the conviction or debarment, describe the project involved, and explain the circumstances relating to the conviction or debarment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. In the last ten years, has your organization or any officer, director, partner, owner, project manager, procurement manager or chief financial officer of your organization:
 - a. ever been fined or adjudicated of having failed to abate a citation for building code violations by a court or local building code appeals board?
Yes _____ No ☒
 - b. ever been found guilty on charges relating to conflicts of interest?
Yes _____ No ☒
 - c. ever been convicted on criminal charges relating to contracting, construction, bidding, bid rigging or bribery?
Yes _____ No ☒
 - d. ever been convicted: (i) under Va. Code Section 2.2-4367 et seq. (Ethics in Public Contracting); (ii) under Va. Code Section 18.2-498.1 et seq. (Va. Governmental Frauds Act); (iii) under Va. Code Section 59.1-68.6 et seq. (Conspiracy to Rig Bids); (iv) of a criminal violation of Va. Code Section 40.1-49.4 (enforcement of occupational safety and health standards); or (v) of violating any substantially similar federal law or law of another state?
Yes _____ No ☒
2. Is your organization or any officer, director, partner or owner currently debarred from doing federal, state or local government work for any reason?
Yes _____ No ☒





DGS-30-168
(Rev. 05/02)

CO-16

V. Compliance-

If you answer yes to any of the following, please on a separate attachment give the date of the termination order, or payment, describe the project involved, and explain the circumstances relating to same, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. Has your organization:
 - a. ever been terminated on a contract for cause?
Yes _____ No ☒
 - b. within the last five years, made payment of actual and/or liquidated damages for failure to complete a project by the contracted date?
Yes _____ No ☒
2. Has your organization, in the last three years, received a final order for willful and/or repeated violation(s) for failure to abate issued by the United States Occupational Safety and Health Administration or by the Virginia Department of Labor and Industry or any other government agency?
Yes _____ No ☒
3. Have any Performance or Payment Bond claims ever been paid by any surety on behalf of your organization?
Yes _____ No ☒

VI. Experience-

If your organization has multiple offices, provide the following information for the office that would handle projects under this prequalification. If that office has limited history, list its experience first.

1. Attach a list of all projects, giving address, size and dollar value for each, that your organization has completed in the last five years. Provide for each, the name, address, and phone number, for the Owner's and Architect's contact or representative. Provided as VI. Attachment herein is a list of projects completed in the last five years by the Hensel Phelps Eastern Division.
2. Attach a list of your organization's projects **in progress**, if any, at the time of this statement. At a minimum, provide project names and addresses, contract amounts, percentages complete and contact names and numbers for the architects and owners. Provided as VI. Attachment herein is a list of projects currently in-progress by the Hensel Phelps Eastern Division
3. If this statement is for a particular project, identify three projects from those identified in 1 and 2 above which are most relevant or similar to the project(s) for which you are seeking prequalification.





DGS-30-168
(Rev. 05/02)

CO-16

Experience (continued)

Job 1.

Name: Loudoun County Adult Detention Center - Phase III

Address: 42041 Loudoun Center Place, Leesburg, VA 20175

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)
119,500 SF (116,500 New and 3,000 SF Renovation); 111 parking spaces totaling 3,500 SF; 24 acre site; 256 beds.

Owner's Name: Loudoun County Virginia

Address: 211 Gibson Street, NW, Suite 123, Leesburg, VA 20176

Phone Number: 571.258.3213

Contact: Mr. Lewis Rauch

Architect's Name: AECOM (Formerly HSMM)

Address: 448 Viking Drive, Ste. 145, Virginia Beach, VA 23452

Phone Number: 757.306.6723

Contact: Paul Garrison

Final or current Contract Amount: \$61,814,070

Project Description, i.e., function of building and component building systems:

The Loudoun County Adult Detention Center is a 112,000 SF state-of-the-art facility consisting of two housing units for 256 inmates, an intake addition, and renovation areas inside of the existing facility. The new intake building will house the intake processing area, administrative functions, a vehicle sallyport, and a fully-functional magistrates office.

The project is the cornerstone of several ongoing projects in one of the fastest-growing counties in the country. It included upgrades to the existing plumbing, mechanical, and electrical systems. The previous security system is being phased out and replaced by a new security monitoring and control system with card access and guard tour systems, closed circuit television systems, intercom and paging systems, control screen stations, and video visitation.

The cells in the housing units are constructed of pre-cast concrete cell modules that arrived on the jobsite complete with interior finishes and furnishings. The modules were fabricated using a form liner allowing thin brick to be cast into the exterior in order to mimic the look of the existing facilities' brick and block.

Although there were no set subcontracting goals for this project, Hensel Phelps has directed 15.4% of the subcontracted work to small businesses, including over 5% to women-owned companies.





DGS-30-168
(Rev. 05/02)

CO-16

Experience (continued)

Job 2.

Name: New Correctional Facility for SCI Benner Township

Address: Main Capitol Building, Benner, PA 17120

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)

450,000 SF; 2 floors; 2,5000 Beds; Total of 24 Buildings (5 Administrative; 8 miscellaneous; 11 inmate housing); 80 acre site.

Owner's Name: Pennsylvania Department of General Services

Address: 18th & Herr Streets, Harrisburg, PA 17125

Phone Number: 717.787.3194

Contact: Diane Hallett

Architect's Name: Moseley Architects

Address: 601 Southlake Boulevard, Richmond, VA 23236

Phone Number: 804.794.7555

Contact: Taylor Muniz, AIA

Final or current Contract Amount: \$174,789,000

Project Description, i.e., function of building and component building systems:

The new Correctional Facility for SCI Benner Township was the first of four correctional facilities planned for the Commonwealth of Pennsylvania and was a design-build effort with Hensel Phelps as the lead team member and Moseley Architects as the Architect of Record. This 450,000 SF project consisted of 24 individual buildings strategically placed on an 80-acre site, was designed to accommodate 2,000 prisoners, and functions as the central transportation hub of the Commonwealth's corrections.

The "campus" plan consists of 11 inmate housing units averaging 20,000SF each; a 23,290 SF security administration facility; a 27,835 SF health services facility; a 37,880 SF dietary services facility; a 16,292 SF maintenance shop, and a 14,636 SF chapel. Additional miscellaneous buildings include a 15,455 SF central plant, field houses, an inmate recreation building and a warehouse.

Among the first state prisons to incorporate green certified building technologies, SCI-Benner was designed to achieve LEED Certification through the U.S. Green Building Council.





DGS-30-168
(Rev. 05/02)

CO-16

Experience (continued)

Job 3.

Name: Federal Correctional Institution (FCI)

Address: Old NC Highway 75, Butner, NC 27509

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)
484,376 SF; 3 floors; 864 beds; 105 acre site.

Owner's Name: Federal Bureau of Prisons

Address: 320 First Street, NW, Washington, DC 20534

Phone Number: 202.307.0954

Contact: Gerald Van Winkle

Architect's Name: Moseley Architects

Address: 601 Southlake Boulevard, Richmond, VA 23236

Phone Number: 804.794.7555

Contact: Taylor Muniz, AIA

Final or current Contract Amount: \$99,561,527

Project Description, i.e., function of building and component building systems:

This design-build project included all architectural, engineering, construction, project management, quality control and other related services necessary to design and build this medium-security federal correctional institution located in Butner, North Carolina.

This project was a joint design-build project between Hensel Phelps, the lead team member, and the Architect of Record, Moseley Architects of Richmond, Virginia.

This facility is strategically located on 105 acres with two sides having protected wetlands. This site is heavily wooded with rolling terrain and subsurface rock and included a 775-acre existing detention area. The gross square footage of the medium-security facility was approximately 484,376 SF and was designed to accommodate 1,152 inmates. The "campus plan" arrangement consists of 16 buildings--along with related site development--utilities and an elevated water tank. Tunnel forms were used to self perform the construction of 864 cells located in three general housing buildings and one special housing building. The design-build team worked closely with the FBOP and their UNICOR program to provide 864 detention grade doors and frames for all of the cells on this project. This is the largest project for the UNICOR metal plant.

Recipient of a LEED Certification Level "Certified" on June 13, 2006 by the U.S. Green Building Council, it is the first, and perhaps only, LEED certified federal correctional facility in the United States.





DGS-30-168
(Rev. 05/02)

CO-16

4. Describe how your firm would staff this project:

The project will be staffed from resources of the Eastern Division of Hensel Phelps Construction Co.
The office, located in Chantilly, Virginia was opened in 1996 and we currently have 300 salaried personnel and over 190 craft.

5. Provide, as an attachment, a brief resume for the project manager and the superintendent most likely to be assigned to this project. Describe, for each, the background and experience that would qualify him or her to be a project manager or superintendent. Include in the resumes at least three (3) similar or comparable projects on which the proposed project manager and superintendent have served in that capacity or positions of similar or comparable responsibility within the last five years and the names, addresses and phone numbers of the Owner's and Architect's contact person for each.

Resumes are provided under VI. Attachments, provided herein.



Virginia Department of Behavioral Health & Developmental Services
Hensel Phelps Construction Co.

DGS-30-168
(Rev. 05/02)

CO-16

VII. Signatures

The undersigned certifies under oath that the information contained in this Statement of Qualifications and attachments hereto is complete, true and correct as of the date of this Statement.

Hensel Phelps Construction Co.
(name of entity submitting this Statement of Qualifications)

By: Name of Signer (print) Steven J. Speer

Steven J. Speer
Signature

Title: Vice President / District Manager

Date: 2/2/2011

Notary

State of VIRGINIA

County/City of FAIRFAX

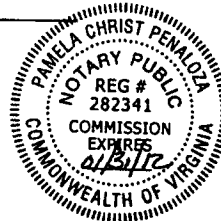
Subscribed and sworn to before me this 2 day of FEBRUARY

~~1st~~ 2011

Pamela Christ Penloza
Notary Public Signature

My commission expires: 01/31/2012

Notary Seal:



Attachments:

1. Owner's Qualification Criteria
2. Surety Statement
3. Additional information, if any, provided under Sections III, IV, V
4. Additional information provided under Section VI



**Hensel Phelps
Construction Co.**



**Hensel Phelps
Construction Co.**



I. Attachment

General Information




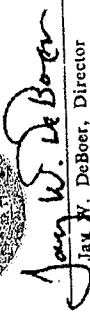


State License





Hensel Phelps
Construction Co.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION COMMONWEALTH OF VIRGINIA 9960 Mayland Dr., Suite 400, Richmond, VA 23233 Telephone: 1 (804) 367-8500	
EXPIRES ON 03-31-2011	NUMBER 2701 037554A
BOARD FOR CONTRACTORS CLASS A CONTRACTORS LICENSE HENSEL PHELPS CONSTRUCTION CO 420 6TH AVE ATT LISA KNIFFEN GREELEY CO 80632	
CLASSIFICATIONS BLD H/H	
<small>ALTERATION OF THIS DOCUMENT, USE AFTER EXPIRATION, OR USE BY PERSONS OR FIRMS OTHER THAN THOSE NAMED MAY RESULT IN CRIMINAL PROSECUTION UNDER THE CODE OF VIRGINIA.</small>	
  Jay W. DeBoer, Director	

(SEE REVERSE SIDE FOR NAME AND/OR ADDRESS CHANGE)



Officers





Name	Position or Title in the Firm	Years with Hensel Phelps	Years of Experience
Jerry L. Morgensen	Chairman & CEO	38	46
Jeffery K. Wenaas	President & COO	27	33
Mark T. Baugh	Executive Vice President - Eastern Division	27	31
Edwin L. Calhoun	Executive Vice President - Central Division	34	36
Michael J. Choutka	Executive Vice President – Southern Division	19	22
Wayne S. Lindholm	Executive Vice President – Pacific Division	35	39
Eric L. Wilson	Vice President & President – Phelps Development	21	22
Steve J. Carrico	Vice President – Financial	27	30
Robert Majerus	Vice President – General Counsel	4	20
Steve J. Speer	Vice President & District Manager – Mid Atlantic	29	36
Jon W. Ball	Vice President & District Manager – Northern California	26	41
Cuyler R. McGinley	Vice President & District Manager-Southern California	26	27
Richard Tucker	Vice President & District Manager - Plains	20	26
Steven Grauer	Vice President & District Manager-Western	21	28
Kirk J. Hazen	Vice President & District Manager-Southeast	20	21
Thomas Fisher	Vice President & District Manager-Southwest	16	28





II. Attachment

Surety Letter





Phone: 800.356.2295
Fax: 888.269.3514
Corporate Mailing Address
P.O. Box 578
Greeley, Colorado 80632

February 1, 2011

Thomas Wierdsma
Senior Vice President, Project Development
The GEO Group, Inc.
One Park Place, Suite 700
621 Northwest 53rd Street
Boca Raton, Florida 33487

RE: Virginia Department of Behavioral Health and Developmental Services
PPEA – Part 1, Burkville, Virginia

Dear Mr. Wierdsma:

Travelers Casualty and Surety Company (A.M. Best A+ XV) has extended surety credit to Hensel Phelps Construction Co. for more than 50 years in connection with contracts aggregating billions of dollars. It is our opinion that Hensel Phelps Construction Co. is one of the most outstanding design-build and general construction organizations in the United States. Their skill, integrity and financial responsibility are unquestioned.

Our established work program for Hensel Phelps Construction Co. authorizes this organization to bid contracts with performance and payment bond obligations up to \$350 Million per project as part of a total \$4.5 Billion aggregate backlog of work. Should you enter into a contract with Hensel Phelps Construction Co., it is our present intention to provide performance and payment bonds as may be required.

Please note this authorization is subject to our standard underwriting throughout the proposal process, including a review of acceptable bond forms, contract financing, contract terms, and other standard underwriting considerations.

If you have any questions, please contact the surety company or the surety agent:

Richard C. Schultz, Vice President, Travelers Casualty and Surety Company
P.O. Box 173713, Denver, CO 80217, (800) 525-8552

Royal R. Lovell, Flood and Peterson Insurance, Inc.
P.O. Box 578, Greeley, CO 80632, (800) 356-2295

Sincerely,


Kelly T. Urwiller, Attorney-in-Fact
Travelers Casualty and Surety Company

"Building Relationships Since 1939"



Hensel Phelps
Construction Co.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

**TRAVELERS**

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 221437 Certificate No. 003223858

KNOW ALL MEN BY THESE PRESENTS: That St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint










Donald B. Martin, Darlene Krings, William C. Bensler, Kelly T. Urwiller, Diane F. Clementson, Valerie R. Coffin, Anthony P. Stimac, Royal R. Lovell, Jennifer Winter, Russell D. Lear, Katherine E. Dill, Brandi J. Tetley, and K'Anne E. Vogel

of the City of Greeley, State of Colorado, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.


IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 10th day of September, 2009.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company





State of Connecticut
City of Hartford ss.

By: 
George W. Thompson, Senior Vice President

On this the 10th day of September, 2009, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2011.




Marie C. Tetreault, Notary Public

58440-4-09 Printed in U.S.A.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 1st day of February, 20 11.


Kori M. Johanson, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER



**Hensel Phelps
Construction Co.**



IV. Attachment

Statement of Debarment





Virginia Department of Behavioral Health & Developmental Services
Hensel Phelps Construction Co.

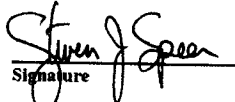


Virginia Department of Behavioral Health and
Developmental Services
PPEA - Part 1
page 1 of 1

CERTIFICATION REGARDING DEBARMENT

1. The proposer certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently under active criminal investigation, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal, state, or local department or agency;
 - b. Have not within a three year period preceding this proposal been convicted or had civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transaction; and have not been convicted of any violation of federal or state anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph 1 b) of this certification; and
 - d. Have not within a three year period preceding this proposal had one or more public transactions (federal, state, or local) terminated for cause or default.
2. Where the proposer is unable to certify to any of the statements in this certification, such proposer shall attach an explanation to the proposal.

The undersigned makes the foregoing statements to be filed with the proposal submitted on behalf of the proposer for an unsolicited proposal to the Virginia Department of Behavioral Health and Developmental Services under the Public-Private Education Facilities and Infrastructure Act of 2002 as Amended January 17, 2008.


Signature

2-2-2011
Date

Vice President / District Manager
Title

Hensel Phelps Construction Co.
Name of Firm



**Hensel Phelps
Construction Co.**



**Hensel Phelps
Construction Co.**



VI. Attachments

Experience





Hensel Phelps Construction Co. | Design-Build Contractor

LENGTH OF TIME IN BUSINESS, BUSINESS EXPERIENCE, PUBLIC SECTOR EXPERIENCE AND OTHER ENGAGEMENTS

Hensel Phelps Construction Co. (Hensel Phelps) was founded in Greeley, Colorado in 1937. A financially strong corporation with a 5A2 Dunn & Bradstreet (D&B) rating, Hensel Phelps is consistently rated as among the top design-build contractors in the nation by *Engineering News Record* (ENR) and is currently rated as the 9th largest design-build general contractor. The corporation is employee-owned with primary shareholders in management positions within each of the eight District Offices.

Hensel Phelps will assure the Virginia Department of Behavioral Health & Developmental Services (the Authority) a cohesive and well-coordinated development, design and construction effort through a response-oriented organization with the following strengths:

- Hensel Phelps is a premier design-builder with proven experience in managing the design-build process from the notice to proceed to post occupancy. The Hensel Phelps Design-Build portfolio currently includes over 220 projects valued at more than \$16.4 billion.
- Hensel Phelps is one of the most successful and experienced correctional facility constructors in the nation. Since 1980, Hensel Phelps has completed 78 correctional facilities valued at over \$4.7 billion. Hensel Phelps is ranked #4 in the construction of correctional facilities by *Engineering News Record* (ENR).
- Hensel Phelps has current experience with the Virginia Public Private Educational Act (PPEA) as evidenced by:
 - Loudoun County Adult Detention Center, Phase II
 - Spotsylvania's New Circuit Court and New Public Safety Building
 - TC Williams High School
- Award winning performance, including the prestigious AGC "Build America Award" and the Marvin M. Black Award for Partnering, provides solid evidence that Hensel Phelps's design-build capabilities are among the best in the industry.
- The Hensel Phelps Mid Atlantic Region has completed in excess of 5,000 beds of correctional work.
- Hensel Phelps has selected a team of qualified onsite managers with current PPEA correctional experience who will provide all construction services for the project.
- Hensel Phelps has extensive experience in providing quality preconstruction services that result in coordinated, constructable, sustainable, and cost effective design and construction documents.





PAST TECHNICAL PERFORMANCE HISTORY

Hensel Phelps builds a diverse range of project types, including new construction and renovation of commercial, educational, high technology, industrial, leisure, medical, multi-residence, public and transportation facilities, as well as a variety of other project types. Hensel Phelps is an industry leader in the successful delivery of projects for the Federal Government, as well as State and local Governments throughout the nation.

Construction excellence is Hensel Phelps' underlying motivation during the entire building process. This construction excellence is reflected by the numerous awards presented to Hensel Phelps. Among these awards are the prestigious Associated General Contractors Build America Awards, the Associated General Contractors Marvin M. Black Excellence in Partnering Awards, and the National Design-Build Awards presented by the Design-Build Institute of America.

Hensel Phelps has received nine Associated General Contractors Build America Awards which are given in recognition of excellence in the construction industry. Voted upon by other contractors, these Build America Awards are considered to be the Construction Industry's "Oscars." The following projects were the recipient of these awards:

- Base Realignment and Closure, Fort Leonard Wood, Missouri
- Building 3001 Fire Restoration, Tinker AFB, Oklahoma
- Colorado Convention Center, Denver, Colorado
- Donald W. Reynolds Center for American Art & Portraiture, Washington, DC
- D/FW Airport Automated People Mover Stations, Dallas, Texas
- Elitch Gardens Amusement Park, Denver, Colorado
- Evolved Expendable Launch Vehicle (EELV) - Cape Canaveral Air Station, Cape Canaveral, Florida
- Nicholas C. Metropolis Center for Modeling and Simulation, Los Alamos, New Mexico
- Orion Space Capsule Operations & Checkout Building, Kennedy Space Center, Florida
- Samsung Fab A2, Austin, Texas
- Steven F. Udvar-Hazy Center, National Air & Space Museum, Chantilly, Virginia
- TC Williams High School, Alexandria, Virginia
- UCIMC Replacement Hospital, Orange, California

Hensel Phelps' history of AGC Marvin M. Black Excellence in Partnering Awards, given for vigorously upholding the tenets of partnering, includes seven "Excellence in Partnering" Awards for the following projects:

- F117A Maintenance Docks/Hangars, Holloman AFB, New Mexico
- Federal Correctional Institution, Contract A/B, Taft, California
- Federal Correctional Institution, Contract C, Taft, California





- Federal Correctional Institution Butner, Butner, North Carolina
- German Air Force, Phase II - Package A – Holloman AFB, New Mexico
- Large Blast/Thermal Simulator, White Sands Missile Range, New Mexico
- Los Angeles Unified School District, Edward R. Roybal Learning Center, Los Angeles, California
- Mountain Bell Remodel, Greeley, Colorado
- Rancho Los Amigos Medical Center Inpatient A & Central Plant, Irvine, California
- US Penitentiary / Federal Correctional Institution II Victorville, Victorville, California

In addition, Hensel Phelps was the recipient of five Special Recognition Awards in the Marvin M. Black Excellence in Partnering Awards competition for the following projects:

- Corbalis Water Treatment Plant, Herndon, Virginia
- Dr. Martin Luther King, Jr. Library, San Jose, California
- Headquarters Air Force Inspection and Safety Center, Kirtland AFB, New Mexico
- JD Edwards Corporate Headquarters, Denver, Colorado
- Steven F. Udvar-Hazy Center, National Air and Space Museum, Dulles, Virginia

Since 1996, the Design-Build Institute of America has selected the most outstanding design-build projects throughout the United States that demonstrate the successful application of the design-build principles and recognize the use and efficacy of design-build as a project delivery method. Hensel Phelps has been the proud recipient of four National Design-Build Awards and six Design-Build Excellence Awards since the inception of this design-build competition for the following projects:

- Alameda County Records Building, Oakland, California (Public Sector Building under \$15 million: Design-Build Excellence)
- Capitol Area East End Complex, Block 225, Sacramento, California (Public Sector Building over \$15 million: Design-Build Excellence)
- Natural Resources Building, Olympia, Washington (Public Sector over \$5 million: Design-Build Excellence)
- Nicholas C. Metropolis Center for Modeling and Simulation, Los Alamos, New Mexico (Industrial/Process Project over \$25 million: National Design-Build Award)
- Non-Proliferation and International Security Center, Los Alamos, New Mexico (Industrial/Process Sector over \$25 million: National Design-Build Award)
- Oakland Administration Building, Oakland, California (Public Sector Building over \$15 million: Design-Build Excellence Award)
- Sacramento City Hall, Sacramento, California (DBIA Western Pacific Chapter, Public Sector Building over \$15 million, Design-Build Award)
- Social Security Administration Childcare Facility, Woodlawn, Maryland (Public Sector Building under \$15 million: Design-Build Excellence Award)





- University of Texas San Jacinto Residence Hall, Austin, Texas (Public Sector Building over \$15 million, National Design-Build Award)
- Wellington E. Webb Municipal Office Building, Denver, Colorado (Public Sector Building over \$15 million: National Design-Build Award)

In addition, Hensel Phelps has been recognized both regionally and nationally for quality in construction, management, and safety by a variety of clients, associations, and industry leaders, including the American Institute of Architects, the Association of Builders and Contractors, the American Institute of Steel Constructors, American Concrete Institute, and the Society of Industrial and Office Realtors, as well as government agencies such as the US Army Corps of Engineers, OSHA, and the California Highway Administration.





1. Projects Completed in the Last Five Years





Project Name	Owner Name	Project City	Project State	Building Size	Size	Construction Cost	Contract Start	Contract End	Owner Contact Name	Owner Phone	Architect	Architect Contact	Architect Phone
Asia Trail Phase 1, National Zoological Park	Smithsonian Institution	Washington	DC	250,000	6,420,000 \$	17,495,000 \$	2014-01-01	2014-01-01	Donna Rios	202-633-6276	Charles Architects, PC	Donna Rios	202-633-6276
Golden Military Department (AMLEEF) Investigative Agency Headquarters Building	NAVFAC Washington Naval Facilities Engineering Command	Quantico MCB	VA	718,854	12,230,000 \$	342,649,000 \$	2014-01-01	2014-01-01	John J. Kelly, MBA, CIMA	703-784-0951	Architects Architects	John J. Kelly	703-784-0951
DMAS Operations & Maintenance Facility	City of Alexandria	Alexandria	VA	150,000	9,250,000 \$	35,116,000 \$	2014-01-01	2014-01-01	Jeffrey M. Pate	703-786-1770	Michael Baker Corp.	Jeffrey M. Pate	703-786-1770
Donald W. Reynolds Center for American Art & Architecture & The Robert & Arlene Egger Courtyard	Smithsonian Institution	Washington	DC	380,000	21,000,000 \$	128,016,777 \$	2014-01-01	2014-01-01	Donna Rios	202-633-6276	Hartman Cox Architects	Donna Rios	202-633-6276
Equine Data Center 5 (DCU)	Equine Operating Co.	Adelphi	VA	100,000	4,987,000 \$	48,097,380 \$	2014-01-01	2014-01-01	Bill Lamont	813-944-2107	BE Architects	Bill Lamont	813-944-2107
Equine Data Center 6 (DCU)	Equine Operating Co.	Adelphi	VA	148,000	7,170,000 \$	39,250,476 \$	2014-01-01	2014-01-01	Michael J. Pate	650-313-7281	H.F. Lane Consulting	Michael J. Pate	650-313-7281
Federal Correctional Institution (FCI) Branch, NC Federal Bureau of Prisons	NC Dept. of Corrections	Raleigh	NC	484,176	3,127,000 \$	99,561,527 \$	2014-01-01	2014-01-01	Vanessa Van Winkle	202-807-0864	Morgan Architects	Vanessa Van Winkle	202-807-0864
H. Carl Moore Courthouse, Justice At Risk Housing Facility	Department of Columbia Superior Court	Washington	DC	30,330	5,420,000 \$	3,396,482 \$	2014-01-01	2014-01-01	Jeffrey M. Pate	202-633-6276	Hensel Phelps	Jeffrey M. Pate	202-633-6276
Hartford Jackson Atlanta International Airport Air Traffic Control Tower	Federal Aviation Administration	Birmingham	GA	187,000	7,174,000 \$	34,152,000 \$	2014-01-01	2014-01-01	Forest Burgess	770-210-7369	MBG Construction	Forest Burgess	770-210-7369
Hilton Baltimore Convention Center Hotel	Hilton Hotels	Baltimore	MD	650,000	8,820,000 \$	27,334,372 \$	2014-01-01	2014-01-01	Vincent J. Smith	410-817-7360	RTM Associates	Vincent J. Smith	410-817-7360
James G. Thompson Sr. Building at the New Life Services and Technology Park at Johns Hopkins	Johns Hopkins University	Baltimore	MD	276,000	4,120,000 \$	54,636,413 \$	2014-01-01	2014-01-01	Scott Graham	410-800-1000	Grady, Inc.	Scott Graham	410-800-1000
Johns Hopkins System Hospital	Johns Hopkins University	Baltimore	MD	276,000	4,120,000 \$	54,636,413 \$	2014-01-01	2014-01-01	Scott Graham	410-800-1000	Grady, Inc.	Scott Graham	410-800-1000
London County Adult Detention Center - Phase 1	ALICOM (Commonwealth)	Lexington	VA	119,500	3,127,000 \$	63,814,070 \$	2014-01-01	2014-01-01	James Rios	571-568-3713	Jeffrey M. Pate	James Rios	571-568-3713
Marriott Virginia Plaza Office Building	Marriott International	Washington	DC	88,000	3,127,000 \$	31,010,111 \$	2014-01-01	2014-01-01	Mark Morris	977-441-1337	Stevens Green	Mark Morris	977-441-1337
National Air & Space Museum - Phase 2 Expansion & Renovation	NAFAC, Washington	Chantilly	VA	236,000	12,712,000 \$	53,660,116 \$	2014-01-01	2014-01-01	Steve Summer	202-633-6276	Willingham	Steve Summer	202-633-6276
National Maritime Intelligence Center Expansion & Renovation	NAFAC, Washington	Chantilly	VA	236,000	12,712,000 \$	53,660,116 \$	2014-01-01	2014-01-01	Steve Summer	202-633-6276	Willingham	Steve Summer	202-633-6276
Orion Satellite Manufacturing Facility Addition	Orion Satellite	Bohler	VA	10,000	8,820,000 \$	70,064,136 \$	2014-01-01	2014-01-01	Tyler Mann	202-433-4106	Blair Construction	Tyler Mann	202-433-4106
Presidential Intelligence Support Facility	US Navy	Patuxent River NAS	MD	213,462	7,174,000 \$	3,396,482 \$	2014-01-01	2014-01-01	Norman Schlegel	703-446-5012	Myriad Maritime	Norman Schlegel	703-446-5012
Regional Security Operations Center	NSA - US Army Corps of Engineers (USACE) Operations Support	Fort Gordon	GA	594,251	3,127,000 \$	100,575,021 \$	2014-01-01	2014-01-01	John Dettman	202-665-0860	Guiden Associates Architects, LLC	John Dettman	202-665-0860
Robert H. Smith Center for the Study of the History of the US Navy	US Navy	Fort Lee	VA	265,000	4,120,000 \$	298,816,156 \$	2014-01-01	2014-01-01	Charles Granger	913-852-5279	Black & Veatch Special Projects	Charles Granger	913-852-5279
Robert H. Smith Center for the Study of the History of the US Navy	US Navy	Fort Lee	VA	265,000	4,120,000 \$	298,816,156 \$	2014-01-01	2014-01-01	Charles Granger	913-852-5279	Black & Veatch Special Projects	Charles Granger	913-852-5279
Smithsonian Institution	Smithsonian Institution	Quantico	VA	10,000	7,174,000 \$	2,967,731 \$	2014-01-01	2014-01-01	George Golden	703-572-4002	Willingham	George Golden	703-572-4002
Special Security Administration Operations Building - Repair & Alteration	Special Security Administration Operations Building - Repair & Alteration	Woodlawn	MD	4,200,000	11,120,000 \$	144,130,064 \$	2014-01-01	2014-01-01	John M. Mervin	202-446-4614	David P. Mervin	John M. Mervin	202-446-4614
Stromberg Center Park	City of Columbia	Washington	DC	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
TC Williams High School	Alexander City Public Schools	Alexandria	VA	463,000	6,420,000 \$	84,650,845 \$	2014-01-01	2014-01-01	Mark Rios	570-879-1566	Blair Construction	Mark Rios	570-879-1566
United States Capitol Phase III Building F	US Capitol Police	Washington	DC	133,000	8,820,000 \$	70,000,000 \$	2014-01-01	2014-01-01	Tom Bakema	202-777-0720	SmithGroupJJR	Tom Bakema	202-777-0720
United States Capitol Phase III Building F	US Capitol Police	Washington	DC	133,000	8,820,000 \$	70,000,000 \$	2014-01-01	2014-01-01	Tom Bakema	202-777-0720	SmithGroupJJR	Tom Bakema	202-777-0720
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-879-7801
University of Maryland System	University of Maryland System	College Park	MD	147,000	3,127,000 \$	50,998,964 \$	2014-01-01	2014-01-01	Joseph Schacter	202-879-7801	New York, NY	Joseph Schacter	202-87



2. Projects In-Progress

Virginia Department of Behavioral Health & Developmental Services
Hensel Phelps Construction Co.

Project Name	Owner Name	Project City	Project State	Size - Building Size	Construction - Calc End Date	Construction - Final Contract PC	Percent Complete	Owner Contact Name	Owner Phone	Architect	Architect Contact	Phone Number
Defense Information Systems Agency (DISA) Headquarters	Defense Information Systems Agency - US Army Corps of Engineers (USACE) Baltimore District	Fort Meade	MD	1,070,000	2/4/2011	\$ 419,571,037	98%	Daria Van Liew P.E.	410.962.3217	RTKL Associates	Bill McCarthy, AIA, BSCP, LEED AP	410.537.6125
Defense Media Activity	US Army Corps of Engineers (USACE) Baltimore District	Fort Meade	MD	185,870	2/26/2011	\$ 60,765,421	87%	Andrew OHF P.E. PMP	443.336.3419	Helmuth Obata + Kassabaum	Walter Urbanek	(202) 339-8700
FORSCOM / USARC Combined Headquarters	US Army Corps of Engineers (USACE) Savannah District --	Ft. Bragg	NC	706,000	6/21/2011	\$ 302,496,300	83%	Daniel Davis	910.907.3130	AECOM	Robert Priest, Jr., PE, DBIA	202.721.7773
Hangar Reconstruction - Dulles Jet Center	Landow & Co Management, Inc.	Sterling	VA	189,000	10/28/2011	\$ 15,000,000	0%	Michael Landow	301.657.4600	Giuliani Associates	Vincent P. Rogers	703.838.6063
Hazleton Federal Correctional Institution (FCI)	Federal Bureau of Prisons	Hazleton	WV	450,000	6/30/2012	\$ 182,510,035	37%	John G. Hume	202.307.0954	Moseley Architects	Taylor Muniz	(804) 794.7555
Joint Task Force Civil Support	US Army Corps of Engineers (USACE) Norfolk	Fort Eustis	VA	62,000	5/18/2011	\$ 11,207,029	67%	Alexander Atkins Jr. PE	757.878.1382	US Army Corps of Engineers (USACE) Norfolk	Alexander Atkins Jr. PE	757.878.1382
Marriott Marquis Washington DC	HQ Hotel LLC --	Washington	DC	1,251,000	8/27/2014	\$ 372,243,261	2%	Robert Knopf	202.777.0720	Cooper Carry, Inc.	Bob Neal, AIA	404.240.9532
New Correctional Facility for SCI Benner Township	Pennsylvania Department of General Services	Benner	PA	450,000	9/18/2012	\$ 174,789,000	10%	Diane Hallett	717.787.3194	Moseley Architects	Taylor Muniz, AIA	804.794.7555
Office of the Chief Army Reserve (OCAR) Building	US Army Corps of Engineers (USACE) Baltimore District --	Ft. Belvoir	VA	88,000	9/13/2011	\$ 22,844,000	18%	Drew White	703.806.3014	Fentress Architects	Brian Chaffee	202.337.5100
Pentagon - Renovation Wedges 2-5	Pentagon Renovation & Construction Office	Arlington	VA	4,700,000	2/8/2011	\$ 1,690,076,818	88%	Andrew Blumenfeld	703.693.7653	Shalom Baranes Associates	Gerald Tritschler	202.342.2200
Southeastern Bus Garage Replacement	Washington Metropolitan Area Transit Authority	Washington	DC	53,779	7/10/2012	\$ 50,395,000	5%	Edward Shepperson, CCM	202.962.9814	SYSTRA Consulting	Larry Keiper	215.861.9468
Spotsylvania County Circuit Court Building	Spotsylvania County	Spotsylvania	VA	142,798	9/1/2011	\$ 29,444,828	43%	David Breedin	540.507.7009	Moseley Architects	Taylor Muniz, AIA	804.794.7555



**Hensel Phelps
Construction Co.**



3. Additional Relevant Experience

PORTFOLIO OF RELEVANT PROJECTS

Hensel Phelps has a rich heritage of superior performance founded on an uncompromising commitment to performing quality construction in a cost-effective manner. The company has established itself as one of the industry's most highly regarded companies by continually improving the quality of its work product and the opportunities for its employees. To supplement the relevant projects outlined in response to FORM DGS-30-165, Hensel Phelps is providing on the following pages, additional comparable projects that exemplify Hensel Phelps' commitment to quality construction.





Blue Ridge Regional Jails, Lynchburg, VA

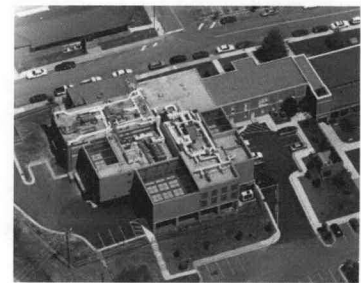
\$46,049,000

The project for the Blue Ridge Regional Jail Authority includes two new adult detention facilities and two additions/renovations of existing adult detention facilities in four separate counties in Southwest Virginia. The project scope of work included the following:



Lynchburg. Construct a new freestanding 465-bed, \$27.5M five-story facility in Lynchburg, VA, including a new central kitchen and laundry facility. The new jail consists of primarily precast cell units, with the exterior constructed of masonry with a standing seam roof.

Campbell. Construct a new three-story, \$4.4M 40-bed addition to an existing jail in Campbell County, VA. The addition comprised approximately 22,000 SF, while the alterations to the existing jail comprised approximately 10,000 SF. The new addition consists of precast concrete cell units and precast concrete planks on load bearing masonry walls.



Halifax. This new free standing 112-bed, \$8.2 M four-story, 55,000 SF jail is located in the town of Halifax. The new facility is constructed of precast concrete cell units and structural steel. The exterior walls are masonry and the roof is sloped standing seam metal. This project also includes new site utilities and extensive parking for the jail and town use. Heating is provided by gas fired hot water boilers and is cooled with electric chillers.

Bedford. The \$2.8M project includes additions, 14,000 SF and alterations, 10,000 SF to the County Jail in the town of Bedford. The work includes a one-story, 16-bed addition and alteration as well as renovation of the existing jail facility. The new addition consists of precast concrete planks on masonry bearing walls. The exterior of the addition is masonry with a flat roof system and includes new utility connections and parking.



KEY FIRMS AND PERSONNEL

The following team member firms and key personnel provided services under the Hensel Phelps General Contractor Team for the Blue Ridge Regional Jails projects:

- Hensel Phelps | Design-Build Contractor
 - Richard Cohen, Project Executive



**Hensel Phelps
Construction Co.**



Henrico County Regional Jail, Barhamsville, Virginia

\$30,404,000

This facility included the construction of a 550-bed jail on a 75-acre rural site capable of housing minimum, medium and maximum security male and female inmates for the joint use of three counties. Construction was accomplished with all parties participating in a partnering concept of construction management. The final cost being only 2.1% above the original contract and included numerous owner scope changes. The ten building complex includes six general population buildings, an administrative building, a jail industries building for rehabilitation, a large programs building and a warehouse. Concrete masonry walls, steel framing and sloping metal roofs create a durable secure group of buildings.



The largest building is the 80,000 SF programs building that contains booking facilities, medical facilities, a gymnasium, library and classrooms, food service, laundry facilities, a centralized plant, mechanical system, and security central control for the fully integrated electronic security system. The security system is a touch screen based, site networked system which can be controlled either locally throughout the complex or globally from master control. The site is surrounded by a perimeter security system which is tied back to central control and further monitored with mobile map detectors located within patrol vehicles which circle the site regularly.

This facility contains a backup generator system that will maintain the entire complex and will be used to reduce the demand on the local power company during peak hours. This generator is supported by an uninterruptible power supply to allow for continuous operation of the electronic security system during power transfers or failures. The complex was also designed to allow for an additional 200 beds.

KEY FIRMS AND PERSONNEL

The following team member firms and key personnel provided services under the Hensel Phelps General Contractor Team for the Henrico County Jail projects:

- Hensel Phelps | Design-Build Contractor
 - Richard Cohen, Project Executive



**Hensel Phelps
Construction Co.**

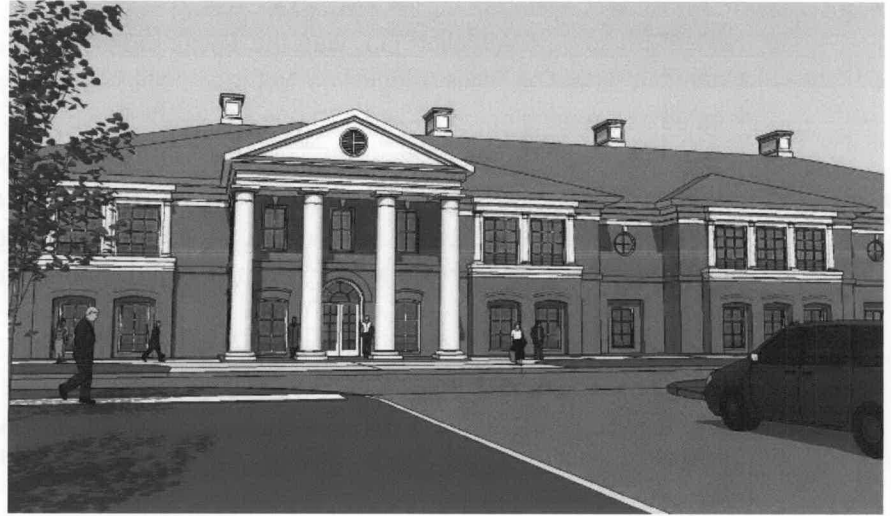


Spotsylvania County Circuit Court Building, Spotsylvania, Virginia

\$29,444,828

Using PPEA guidelines, Hensel Phelps Construction Co. was recently selected among three competitors to construct the Campus Master Plan, Phase I project for the County of Spotsylvania. This project was the county's first-ever "best value" award! The Design-Build Architect of Record is Moseley Architects.

Located on the south campus of the historic Spotsylvania County Courthouse complex, this design-build project's scope of work includes construction of a parking lot, extension of a public roadway and storm water management facilities as well as demolition of the existing fire station and the American Legion building. Construction includes a 71,071 SF circuit court building and a 71,718 SF public safety building.



Located inside the public safety building is the county's Emergency 911 Dispatch Operations Center, requiring the building--as well as the judicial center, sheriff's office and narcotics division office--to maintain continuous, uninterrupted operations throughout the duration of the project.

KEY FIRMS AND PERSONNEL

The following team member firms and key personnel are providing services under the Hensel Phelps Design-Build team for the Spotsylvania County Circuit Court Building project:

- Hensel Phelps | Design-Build Contractor
 - Richard Cohen, Project Executive
 - David Spencer, Design Manager
 - George J. Moutafakis, QC Manager





Youth Services Center, Washington, DC

\$31,963,755

Hensel Phelps Construction Co. was the design-builder of the Youth Services Center, a detention facility dedicated to the special needs of youthful offenders located in Washington, DC. The 120,000 SF Youth Services Center is organized formally into the three distinct elements identified in the facility program; the

Support Wing including Police Processing, the **Resident Housing**, and the **Community Services** component. These elements are linked in a manner that provides for distinct separation, both functionally and formally. It also enables clear observation of movement throughout the facility.

2005 National Capital
Chapter, Design-Build
Excellence Award in the
Public Buildings Sector

Traditional corridors, multiple and hard to observe circulation space between components, and rigid geometry's are largely replaced with a relaxed, pleasant, observable outdoor oriented circulation system. The 4,350 square foot courtyard is located as the central orientation space in which exercise, fresh air, and the sport activity provide positive relief to the intensive programs focused on education, personal reflection and living skills.

Support Wing The support wing acts as an anchor that connects the residents with the services they require and serve as their link to the outside community through visiting. The components are arranged to enable the residents to enter the most used support functions; dining, education and central outdoor exercise directly from the housing clusters. This approach encourages responsible behavior by potentially allowing considerable unescorted resident movement to these daily activities. Observation by staff is comprehensive due to the open and unobstructed design of the corridor system. Control of resident movement is also enhanced by the fact that all vertical circulation is confined to one single straight run stairway, enclosed in a glass wall, and is designed for ease of observation from either the first or second floor as well as the central exercise courtyard. Service vehicles are securely processed and confined outside the security envelope to reduce any escape potential. Police and Intake Processing functions are served by a shared, drive-through sally port that provides for a secure private transfer of individuals into the facility.



Police Processing. The 4,000 SF Police Processing Center follows a logical flow of events for individuals arriving from the drive through vehicular sally port. It begins with a thorough search for potentially hidden weapons or evidence followed by positive identification utilizing live scan and digital imaging. While identification is being compared to existing databases, individuals are taken through an interview process with probation staff that is stationed within the Police Processing Center on a twenty-four hour bases. Open waiting areas and secure holding rooms are provided to allow flexibility in the manner in which the arrestees are held. Visually separate areas for males and females are maintained.

The Police Processing Center is located adjacent to Visiting, Central Control and the main lobby for release of individuals. It is also located adjacent to the Intake Processing area for direct transfer of arrestees who will be admitted into the facility. Medical services are located nearby for use by both the Police Processing Center and the Intake area.





Resident Housing. The 78,000 SF Resident living units are designed for security, safety, economy, resident support, community identity and ultimately the enhancement of self-esteem. The underlying concept of the design is that the clear provision of these aspects will give the resident the peace of mind to focus on the potentially productive aspects of his detention. The design endeavors to maximize the potential benefits to the resident while balancing the necessities of security and operational cost control.

The architecture of the Youth Services Center is rooted in the progressive organization of individual residential rooms into living units sized for personalized attention from staff and to promote congenial and supportive relationships between residents. Units comprised of 10 persons share a gracious and generously sized day room with direct and secure access to observable and individual outdoor exercise areas. In appearance each living unit has its own color scheme and non-threatening curved wall dayroom. This symbolic distinction of identity and belonging is a theme that will underlie much of the restorative and holistic program to which this facility is dedicated.

Security is enhanced in this design by fully integrating the ability of the staff to observe and control all activities in the living unit. The main entry to each housing unit is in close proximity to both the housing unit officer and the general cluster staff. A basic tenet of our design philosophy is that staff observation will promote safety for all occupants of the facility. The association space in the living units is where residents will spend considerable time. The design allows virtually full observation of this space from wherever staff is in the space. A further advantage is the location of resident rooms on just two sides of the unit reducing the "fishbowl" effect on staff and residents.



The housing and support wings form the central courtyard along with the link to the support buildings. The courtyard is a bit of the outdoors provided for all residents. Natural light and views from this space will connect the residents to the changing conditions of time and weather.

Economic efficiency is the key test of value in the evaluation of any juvenile detention design. We believe that our design achieved the proper balance of staffing provision, building construction, resident service and amenity. Small units of 10 residents allow the staff the opportunity to give personal attention to residents as well as create ample alternatives for classification. The living units are clustered in groups of fours for the efficient use of shared facilities such as the multipurpose and group space. Two clusters form the resident housing wing, which brings a full range of support personnel in close proximity to the residents.

Community Services. The 13,000 SF Community Services component provides the visual focus and identity to the public face of the Youth Services Center. Clad with its own special color of brick distinct from the remainder of the facility, and punctuated with an aluminum canopy protecting the entry, the Community Services component welcomes the youth that are participating in its' programs into an inviting and non-threatening atmosphere.

Central to the Community Services component is the two-story atrium that serves as a central organizing element to the activities and efforts that take place within. Providing an abundance of natural light, the atrium provides control and observation in a relaxed and open environment. We believe this space provides a forum for special awards and exhibitions of student achievement.

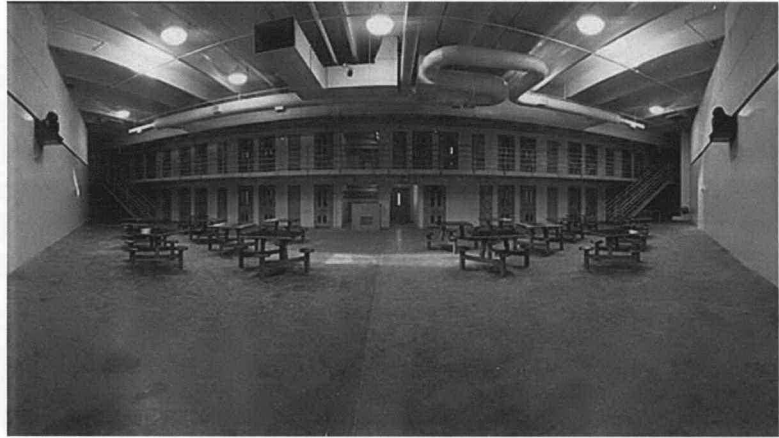




Rivers Correctional Facility, Winton, North Carolina

\$55,021,086

Rivers Correctional Facility is a privately operated 1,450-bed low security male correctional facility located on 257 acres in Hertford County, two miles west of Winton, North Carolina. To meet the critical need for housing inmates, the end user contracted for an 11-month design/construction schedule. The Notice to Proceed was given on March 7, 2000 and the Certificate of Occupancy was issued January 31, 2001, ahead of the contract schedule.



The low security prison is designed as a “campus” setting of single-story buildings and includes four general housing units, a special housing unit, a gymnasium/programs building, support building, administration building, industries building, four guard towers and a gatehouse. The total area of the campus is approximately 343,750 SF.

The entire campus, with the exception of the administration building is enclosed by double rows of security fencing constructed to Federal Bureau of Prison security standards. Four elevated guard towers guard the perimeter. Access to the compound is gained adjacent to the central control station in the administration building or through the secure vehicle sally port. Physical security within the buildings is accomplished by utilizing FBOP standard construction methods.



Development of the rural site required careful coordination and planning with various government agencies. The site contained numerous wetlands that required boundary mapping and

identification. Due to the fast-track nature, it was very important to site and construct the facilities to minimize impact on the wetlands.

The successful completion of the Rivers Correctional Institution represents a true milestone in the construction industry for its accomplishment of all owner goals within the limited time available. The ingenuity, creativity and cooperative spirit that marked the administration of this effort reflect of the highest goal of design-build: to service the client well. In this case, Hensel Phelps and its team members kept the owner's interest in the fore front at all times and took extra steps at every juncture to achieve all of



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Wackenhut Corrections Corporation's (WCC) goals. Despite numerous obstacles, from weather to permitting to ancillary post-contract requirements and code/standards conflicts, the Hensel Phelps Design-Build team met and cleared every hurdle because of the cooperative attitude and professionalism each member brought to the team.

Owner References:

It is with extreme pleasure and no hesitation that I state that the Hensel Phelps Construction Company Design-Build Team performed outstandingly on our Rivers Correctional Institution project in Winton, North Carolina.

This was an extremely difficult and complex project that required the highest standards of professionalism among the members of the Team so ably led by Hensel Phelps. It is not an overstatement to say that it would have been virtually impossible to solve all the many problems and conflicts that arose and still meet the rigid construction schedule and budgetary constraints associated with this job in any environment other than Design-Build. Further and most specifically, the valuable knowledge and experience brought by the Hensel Phelps Team members in federal prison construction with state and local governments in North Carolina, and in their specific areas of design and build responsibility, were all critical to the successful completion of the Rivers Correctional Institution.

Their dedicated teamwork, professional expertise, and outstanding management skills combined to meet and exceed our project goals to create a model both for the construction industry as well as the penal community.

--Wayne Calabrese, The GEO Group (formerly President, Wackenhut Corrections)

At this time I would like to congratulate your company on the success of this project. The timely completion of the facility has allowed the BOP to fulfill the mandate of the National Capital Revitalization and Self-Government Improvement Act, as well as, avoiding some of the overcrowding of our institutions. This project showed the true flexibility and power of a fully integrated design build project delivery process.

It is my understanding that excessive rainfall was experienced on this project. Hensel Phelps took extraordinary measures to maintain a workable site. This effort resulted in no delays relating to weather. In fact, the project finished seven days early. Thanks again for a job well done.

--Hugh J. Hurwitz, Chief, Acquisition Branch, Federal Bureau of Prisons





Federal Correctional Institution (FCI) Bennettsville, SC

\$99,502,753

Located 2 miles west of Bennettsville, South Carolina, the Bennettsville Federal Correctional Institution lies on a 260-acre site, and is operated by the Federal Bureau of Prisons. The facility is constructed on a virgin site surrounded by environmental sensitive wetlands. The new facility was designed with buildings positioned in a campus plan arrangement with related site utilities and site development. The correctional institution contains 864 cells and houses approximately 1,150 inmates. Also included in the facility is a low security prison camp that will house approximately 300 inmates. The facility has a gross building area of approximately 62,360 square meters.



The project includes the following: Administration Building, Warehouse Building, Central Utility Plant, Garage Landscape Maintenance Building, Fire Range Facility, 3 General Housing Buildings, and a Special Housing Unit (Segregation). The Support Building contains the following: Maintenance/Food Service, Laundry/Commissary, UNICOR (Prison Industries), Vocational Training, Education/Multi-Use, Inside Administration, and Health Services.

The Federal Prison Camp consists of a Camp Core building and Camp housing buildings. Each building with the facility is a single story structure, with the exception of three General Inmate Housing Buildings that contain four levels each, and the Special Inmate Housing units, which contains two levels. The design and construction was completed utilizing the metric system of measure.

FCI Bennettsville was completed 54-days ahead of schedule.





Federal Correctional Institution (FCI) Salters, Williamsburg, SC

\$102,329,197

FCI Salters, which lies on a 320-acre site operated by the BOP, was constructed on a virgin site surrounded by environmentally sensitive wetlands. The new facility is designed in a campus plan arrangement with related site utilities and site development. The FCI contains 864 cells and houses approximately 1,150 inmates. Also included in the project is a low security prison camp that will house approximately 300 inmates. The facility will have a gross building area of approximately 62,360 square meters.



The FCI complex includes an Administration Building, Warehouse Building, Central Utility Plant, Garage Landscape Maintenance Building, Fire Range Facility, three General Housing Buildings, and a Special Housing Unit (Segregation). A Support Building contains maintenance/food service, laundry/ commissary, Unicorn (Prison Industries), vocational training, education/multi-use, inside administration and health services. The Federal Prison Camp consists of a camp core building and camp housing buildings.

The most significant challenge for this project was the existing site conditions. The high water table required substantial fill (over 300,000 yards) to be shipped to the site. The foundations for the housing units required additional structural design that included a wicking foundation to accelerate settlement of soils to minimize post construction settlement. The site design required substantial study and review to locate the buildings to minimize the impact on the existing wetlands. The project also required sensitivity to the local community with respect to their request that the view of the site line and facilities be unobtrusive. To respond to this request, the D-B team utilized existing landscape as a buffer.

KEY FIRMS AND PERSONNEL

The following team member firms and key personnel provided services under the Hensel Phelps Design-Build team for the Federal Correctional Institution, Salters:

- Hensel Phelps | Design-Build Contractor
 - Richard Cohen, Project Executive



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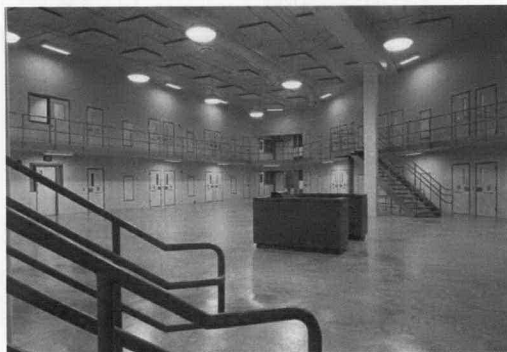
Federal Correctional Institution (FCI) Petersburg, Virginia

\$82,887,848

Located between the cities of Petersburg and Hopewell, Virginia, the Petersburg FCI lies on a 44.04 square hectare site, and is operated by the Federal Bureau of Prisons (BOP). The facility is constructed on the same site as the existing low security Petersburg FCI which was originally built in 1933. The new facility was designed with buildings positioned in a campus plan arrangement with related site utilities and site development. The correctional institution contains 864 cells and houses approximately 1,150 inmates. The facility has a gross building area of approximately 51,360 square meters.



The project included an Administration Building, Warehouse Building, Central Utility Plant, three General Housing Buildings, and a Special Housing Unit (Segregation). The Support Building contains Maintenance/Food Service, Laundry/Commissary, UNICOR (Prison Industries), Vocational Training, Education/Multi-Use, Inside Administration, and Health Services. Each building within the facility is a single story structure, with the exception of three General Inmate Housing Buildings that contain four levels each, and the Special Inmate Housing units which contains two levels.



The Petersburg FCI is one of the BOP's first construction projects to be delivered under the design-build method. The Hensel Phelps design-build team established a design review and construction communication process that is tailored to meet the needs of the BOP without compromising the design and construction schedule. The Hensel Phelps site team has worked closely with its selected design team to develop this coordination system which provides for adequate review of all plans and specifications by both BOP site officials and BOP

officials in Washington, D.C.; identifies long lead design and construction items; and provides the on-site construction team timely responses to RFIs.

KEY FIRMS AND PERSONNEL

The following team member firms and key personnel provided services under the Hensel Phelps Design-Build team for the Federal Correctional Institution, Petersburg:

- Hensel Phelps | Design-Build Contractor
 - Richard Cohen, Project Executive



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5. Resumes





KEY PERSONNEL RESUMES

Hensel Phelps is providing resumes for the following key personnel:

- Richard A. Cohen, Project Executive
- David L. Hutt, Project Manager/Construction Project Manager
- Brian M. Vladyka, Construction Superintendent
- David J. Spencer, DBIA, Design Manager
- George J. Moutafakis, LEED AP, Quality Control Manager
- Justice Henecke, LEED AP, Cost Estimator
- Charles (Brad) B. Miller, Project Scheduler





Richard Cohen, Project Executive

Hensel Phelps Construction Co.	
Corporate Title	Operations Manager
Years Experience	21
Education	B.S./ Construction Science and Management / 1994 Clemson University

Qualifications

As Operations Manager, Mr. Cohen is responsible to Hensel Phelps Construction Co. clients for providing the leadership and vision crucial to the success of each project assigned. He assures that all client budgetary and quality goals are met through thorough financial planning and cost evaluations, aggressive schedule management, comprehensive resource planning, and employment of quality assurance monitoring systems. He is fully versed in all areas of estimating, purchasing, engineering, superintendency, and project management on both new construction programs and renovation projects.

Relevant Project Experience

Loudoun County Adult Detention Center - Phase II, Leesburg, VA, Design-Build, \$61,814,070 (PPEA)

The design-build 125,000 SF facility consists of two housing units that house 256 inmates, an intake addition and renovation areas inside of the existing facility. The cells in the housing units are constructed utilizing pre-cast concrete cell modules that arrived on the jobsite complete with interior finishes and furnishings. The utility chases were also completely up-fitted with plumbing, mechanical and electrical systems already installed. The housing unit structure consists of precast columns, beams and exterior wall panels. The precast panels and the back walls of the cell modules have been fabricated using a form liner that allows thin brick to be cast into the exterior of the panel. This, paired with the use of a form liner for the water table, allowed Hensel Phelps to mimic the look of the existing facilities' brick and block. The intake building houses the intake processing area, administrative functions, a vehicle sallyport as well as a fully functional magistrates' office. The intake was constructed using typical masonry walls with a brick veneer.

New Correctional Facility for SCI Benner Township, Benner, PA, Design-Build, \$174,789,000

The new Correctional Facility for SCI Benner Township was the first of four correctional facilities planned for the Commonwealth of Pennsylvania and was a design-build effort with Hensel Phelps as the lead team member and Moseley Architects as the Architect of Record. This 450,000 SF project consisted of 24 individual buildings strategically placed on an 80-acre site, was designed to accommodate 2,000 prisoners, and functions as the central transportation hub of the Commonwealths' corrections.

The "campus" plan consists of 11 inmate housing units averaging 20,000SF each; a 23,290 SF security administration facility; a 27,835 SF health services facility; a 37,880 SF dietary services facility; a 16,292



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SF maintenance shop, and a 14,636 SF chapel. Additional miscellaneous buildings include a 15,455 SF central plant, field houses, an inmate recreation building and a warehouse.

Among the first state prisons to incorporate green certified building technologies, SCI-Benner was designed to achieve LEED Certification through the U.S. Green Building Council.

H. Carl Moultrie Courthouse Juvenile At-Risk Holding Facility, Washington, DC, Design-Bid-Build, \$9,396,492

The H. Carl Moultrie Courthouse Annex Juvenile / At-Risk Holding Facility in Washington, DC was a 22-month long interior renovation of three floors of below-grade office space. This daytime holding facility was built for juveniles who are brought to the courthouse for their specific judicial processing. This project was federally funded and monitored by the District of Columbia. There were two architectural firms for this project: HKS (architect of record) and Gruzen Sampton (architect of design). The project encompassed approximately 10,000 SF with two phases of turnover: one in December 2007 and the other in December 2008. The end-user of this facility is the United States Marshals Service who works hand-in-hand with the District of Columbia Courts to provide the necessary security to court staff as well as the inmates who are brought to the courthouse. Hensel Phelps self-performed the installation of all concrete and provided general carpenters for building specialty installation as well as on-site management of the project.

Spotsylvania County Circuit Court Building, Spotsylvania County, VA, Design-Build, \$29,444,828 (PPEA)

Located on the south campus of the historic Spotsylvania County Courthouse complex, this design-build project's scope of work includes construction of a parking lot, extension of a public roadway and storm water management facilities as well as demolition of the existing fire station and the American Legion building. Construction includes a 71,071 SF circuit court building and a 71,718 SF public safety building. Located inside the public safety building is the county's Emergency 911 Dispatch Operations Center, requiring the building--as well as the judicial center, sheriff's office and narcotics division office--to maintain continuous, uninterrupted operations throughout the duration of the project.

Federal Correctional Institution (FCI) Salters, Salters SC, Design-Build, \$102,329,197

The project provides a campus plan arrangement that contains 864 cells to house approximately 1,150 inmates and a low security prison camp housing approximately 300 inmates. Additional structures include administration and support buildings, warehouse, central utility plant, garage landscape maintenance building, fire range facility, three general housing buildings, and a special housing unit (segregation).

Federal Correctional Institution (FCI) Petersburg, Petersburg, VA, Design-Build, \$82,887,848

Located between the cities of Petersburg and Hopewell, Virginia, the Petersburg Federal Correctional Institution lies on a 44.04 square hectare site and is constructed on the same site as the existing low security Petersburg Federal Correctional Institution that was originally built in 1933. The new facility was designed with buildings positioned in a campus plan arrangement with related site utilities and site development. The correctional institution contains 864 cells and houses approximately 1,150 inmates. The facility's gross building area is approximately 51,360 square meters. The project includes an Administration Building, Warehouse Building, Central Utility Plant, three General Housing Buildings, and a Special Housing Unit (Segregation). The Administration Building houses Maintenance/Food Service,





Laundry/Commissary, Unicor (Prison Industries), Vocational Training, Education/Multi-Use, Inside Administration, and Health Services.

Blue Ridge Regional Jails, Lynchburg, VA, Design-Bid-Build, \$46,049,000

The project consisted of four jails located at four different sites. Lynchburg Jail: A new free standing 456-bed, five-story, 140,000 SF jail is located on a sloping urban site. This facility included a central kitchen and laundry facility to support all jails under the Owner's jurisdiction. The new jail is constructed of precast concrete cell units and structural steel with exterior walls being masonry and a standing seam metal roofing system. Campbell County Jail: This portion of the project includes additions, 22,000 SF and alterations 10,000 SF, to the existing Campbell Co. Jail in the town of Rustburg, Virginia. The work included a three-story 40-bed addition to a sloping site and alteration and renovation of the existing jail facility. The new addition consists of precast concrete cell units and precast concrete planks on load bearing masonry walls. Halifax County Jail: This new free standing 112-bed, four-story, 55,000 SF jail is constructed of precast concrete cell units and structural steel. The exterior walls are masonry and the roof is sloped standing seam metal. This project also includes new site utilities and extensive parking for the jail and town use. Bedford County Jail: The project includes additions, 14,000 SF and alterations, 10,000 SF to the Bedford County Jail and includes a one-story, 16-bed addition and alteration and renovation of the existing jail facility. The new addition consists of precast concrete planks on masonry bearing walls, and the exterior of the addition is masonry with a flat roof system.

Henrico County Regional Jail, Barhamsville, VA, Fixed-Price/Lump Sum, \$30,404,000

This facility included the construction of a 550-bed jail on a 75-acre rural site capable of housing minimum, medium and maximum security male and female inmates for the joint use of three counties. Construction was accomplished with all parties participating in a partnering concept of construction management. The ten-building complex includes six general population buildings, an administrative building, a jail industries building for rehabilitation, a large programs building and a warehouse. Concrete masonry walls, steel framing and sloping metal roofs create a durable secure group of buildings.





David Hutt, Project Manager/Construction Manager

Hensel Phelps Construction Co.	
Corporate Title	Project Manager
Years Experience	13
Education	B.S. / Construction Management / 1997 East Carolina University

Qualifications

Mr. Hutt serves as Hensel Phelps Construction Co.'s Management Representative who responds to all requirements and concerns of the client. He has extensive experience in developing and monitoring project master schedules, estimating, job cost reports, and establishing and implementing effective communication procedures for all team components. He has worked closely with a variety of corporate clients on a wide range of project types under various contracting methods including design-build, CM/GC, and fixed price. Recognized in the industry for his ability to isolate and resolve various design and compliance issues early in a project's evolution, his aptitude and expertise are evidenced in the many successful projects with which he has been involved.

Relevant Project Experience

Loudoun County Adult Detention Center - Phase II, Leesburg, VA, Design-Build, \$61,814,070 (PPEA)

The design-build 125,000 SF facility consists of two housing units that house 256 inmates, an intake addition and renovation areas inside of the existing facility. The cells in the housing units are constructed utilizing pre-cast concrete cell modules that arrived on the jobsite complete with interior finishes and furnishings. The utility chases were also completely up-fitted with plumbing, mechanical and electrical systems already installed. The housing unit structure consists of precast columns, beams and exterior wall panels. The precast panels and the back walls of the cell modules have been fabricated using a form liner that allows thin brick to be cast into the exterior of the panel. This, paired with the use of a form liner for the water table, allowed Hensel Phelps to mimic the look of the existing facilities' brick and block. The intake building houses the intake processing area, administrative functions, a vehicle sallyport as well as a fully functional magistrates' office. The intake was constructed using typical masonry walls with a brick veneer.

Pentagon - Renovation Wedges 2-5, Arlington, VA, Design-Build, \$1,690,076,818

The phased design-build renovation of 4.5 million SF of space in the Pentagon includes demolition of all interior construction, reconfiguration of major core and circulation components, and full build-out to DoD standards. Significant features being preserved include facades, lobbies and corridors with new tenant



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areas including Command and Operation Centers, a Conference Center, a state-of-the-art Press Briefing Center, and the Pentagon Mall (food and retail outlets).

Hilton Baltimore Convention Center Hotel, Baltimore, MD, Design-Build, \$278,124,371

The award-winning hotel features 850,000 SF of interior space, including 757 guest rooms and 16 suites in the 20-story west tower. This is the largest number of rooms offered by any one hotel in Baltimore. It also boasts a 62,000 SF grand ballroom - the city's largest - and a 15,000 SF junior ballroom as well as an additional 22,000 SF of flexible function space; three food and beverage outlets; a fitness center; and a business center. Retail space is included on the street level. The hotel is within walking distance to all of the city's inner harbor amenities and attractions.

Additional Project Experience

WMATA Greenbelt Rail Yard Improvements, Beltsville, MD, Design-Build, \$102,982,625

The Greenbelt project consisted of the design and construction of improvements to the existing Greenbelt, Maryland rail yard, including a new 72,000 SF two-story annex building and improvements to the existing rail maintenance facility that included a new structural slab and vault, new overhead cranes, rail-car truck hoisting equipment, turntables, and industrial maintenance equipment. This was Hensel Phelps' second design-build project for WMATA.

Pentagon - Remote Delivery Facility, Arlington, VA, Design-Build, \$95,439,388

The Pentagon Remote Delivery Facility (RDF) is a 256,000 SF multi-use facility adjoining the historic Pentagon building. Providing a secure, consolidated location for reception and screening of the thousands of items shipped to the Pentagon each day, the RDF is a key component of the Pentagon's ambitious long-term renovation program. The complex building program included 38 loading docks; material handling and storage areas; office and support facilities; an indoor firearms range; two of the machine shops required for the maintenance of the Pentagon Shops including metal works; carpentry electrical shops; relocated shops; and, tie-in / extension of major utilities. Given the high-level function required of the RDF, security considerations were paramount in the design. The entire structure is blast-resistant.

Social Security Administration Child Care Facility, Woodlawn, MD, Design-Build, \$7,151,173

The Social Security Administration's (SSA) Child Care Facility is a 32,000 SF stand alone facility providing a secure, consolidated, nurturing location for the children of SSA employees working in the adjacent headquarters building. This design-build project is comprised of five pre-engineered steel structures and traditional building materials and systems, superimposed on a sloping site in order to invoke the sense of a village community through familiar forms and scales. The buildings are connected together by "links" using ramps in lieu of steps to accommodate the changes in elevation. The building skin is a combination of metal panel, masonry veneer, glass and EIFS. Additionally, the flat roofs over the links house the HVAC energy recovery systems to meet energy conservation performance requirements and introduces outside air ventilation to classroom spaces. The use of economical plumbing, mechanical and electrical systems, ensures low cost installation, ease of maintenance and energy conservation.

The award-winning SSA Child Care facility was the first successfully completed Design-Build project on the SSA Headquarters' campus, and although the design-build team was challenged with an ambitious design





and construction schedule and limited budget, this unique facility was delivered on schedule and under budget.

Modernization of South Bldg - USDA, Phase I, Washington, DC, Design-Bid-Build, \$20,471,094

The USDA South Building Wing 3 Modernization Project is part historical restoration and part modern systems upgrade. Wing 3 is approximately 120,000 SF and includes work on six floors, basement, attic, and subbasement levels. Additional work performed included demolition and reinstallation of 2500 LF of chilled water supply and return piping at the attic level and retrofit of 3000 LF of fire loop system, both of which service the entire seven wings of the building.





Brian Vladyka, Construction Superintendent

Hensel Phelps Construction co.	
Corporate Title	Superintendent
Years Experience	21
Education	B.S./ Architectural Engineering, Construction Management Pennsylvania State University

Qualifications

Mr. Vladyka's leadership expertise has evolved from the on-site supervision, maintenance of construction quality control, and home office support he has provided for a variety of project types. His supervisory strengths include labor relations, labor supervision, labor cost control, equipment selection, contract administration, safety management, quality control, and various scheduling techniques. He actively participates in in-house superintendent training programs to establish the consistent and quality Hensel Phelps Construction Co. performance that is critical to successful project completion.

Relevant Project Experience

Loudoun County Adult Detention Center - Phase II, Leesburg, VA, Design-Build, \$61,814,070 (PPEA)

The design-build 125,000 SF facility consists of two housing units that house 256 inmates, an intake addition and renovation areas inside of the existing facility. The cells in the housing units are constructed utilizing pre-cast concrete cell modules that arrived on the jobsite complete with interior finishes and furnishings. The utility chases were also completely up-fitted with plumbing, mechanical and electrical systems already installed. The housing unit structure consists of precast columns, beams and exterior wall panels. The precast panels and the back walls of the cell modules have been fabricated using a form liner that allows thin brick to be cast into the exterior of the panel. This, paired with the use of a form liner for the water table, allowed Hensel Phelps to mimic the look of the existing facilities' brick and block. The intake building houses the intake processing area, administrative functions, a vehicle Sallyport as well as a fully functional magistrates' office. The intake was constructed using typical masonry walls with a brick veneer.

DL Moss Criminal Justice Center, Tulsa, OK, Design-Bid-Build, \$64,451,941

This facility is a 1,400-bed, direct supervision jail serving Tulsa County, Oklahoma. The facility, designed to house minimum, medium and maximum security inmates, is situated on a 23-acre site located just within the inner-dispersal loop surrounding the city. Single or double-occupancy cells represent 72% of the total beds for medium and maximum security inmates. The remaining 28% of the beds are provided in dormitories for minimum security (trustee) inmates. Support facilities include intake, inmate programs,



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medical, laundry, commissary, food service, maintenance shops and jail administration. The medical component provides outpatient medical, dental treatment, a 24-bed infirmary, which includes eight negative air pressure treatment rooms.

WMATA Greenbelt Rail Yard Improvements, Beltsville, MD, Design-Build, \$102,982,625

The Greenbelt project consisted of the design and construction of improvements to the existing Greenbelt, Maryland rail yard, including a new 72,000 SF two-story annex building and improvements to the existing rail maintenance facility that included a new structural slab and vault, new overhead cranes, rail-car truck hoisting equipment, turntables, and industrial maintenance equipment. This was Hensel Phelps' second design-build project for WMATA.

Additional Project Experience

Modernization of South Bldg - USDA, Phase I, Washington, DC, Design-Bid-Build, \$20,471,094

The USDA South Building Wing 3 Modernization Project is part historical restoration and part modern systems upgrade. Wing 3 is approximately 120,000 SF and includes work on six floors, basement, attic, and subbasement levels. Additional work performed included demolition and reinstallation of 2500 LF of chilled water supply and return piping at the attic level and retrofit of 3000 LF of fire loop system, both of which service the entire seven wings of the building.

Pentagon - Remote Delivery Facility, Arlington, VA, Design-Build, \$95,439,388

The Pentagon Remote Delivery Facility (RDF) is a 256,000 SF multi-use facility adjoining the historic Pentagon building. Providing a secure, consolidated location for reception and screening of the thousands of items shipped to the Pentagon each day, the RDF is a key component of the Pentagon's ambitious long-term renovation program. The complex building program included 38 loading docks; material handling and storage areas; office and support facilities; an indoor firearms range; two of the machine shops required for the maintenance of the Pentagon Shops including metal works; carpentry electrical shops; relocated shops; and, tie-in / extension of major utilities. Given the high-level function required of the RDF, security considerations were paramount in the design. The entire structure is blast-resistant.

Donald W. Reynolds Center for American Art & Portraiture, Washington, DC, Design-Bid-Build, \$177,889,836

The two museums - the Smithsonian American Art Museum and the National Portrait Gallery - reside within the Old Patent Office Building, a National Historic Landmark and the third-oldest federal building in Washington, DC. The first phase of construction included selective demolition and the installation of underground utilities, while the second phase brought the building into compliance and added new energy-efficient mechanical, electrical, telecommunication and security systems. The renovated and restored structure takes full advantage of the numerous porticos, colonnades, vaulted galleries and curving double staircases, among many other exceptional features of this Greek Revival architectural gem. New features include an underground 364-seat, state-of-the-art auditorium, a conservation lab and art storage area, a cafe and shared museum store, and restored main entrances for both museums.

Baltimore/Washington International Thurgood Marshall Airport, Terminals A/B Expansion, Baltimore, MD, Design-Bid-Build, \$167,956,943





As the single largest development project in the Airport's history, the new Concourse A/B meets the needs of BWI's largest airline partner, Southwest Airlines, and their continued growth in the region. The expansion project is part of Baltimore/Washington International (BWI) Airport's five-year, \$1.8 billion Capital Development Program. The Terminal includes 550,000 SF of concourse space, a spacious ticketing lobby, state-of-the-art baggage handling systems with in-line screening, a welcoming food court and retail area. The project also included 15 new passenger boarding bridges along with related services, apron paving, tenant and operations space, security checkpoints, and the renovation of a portion of the existing terminal and concourse. On an aggressive, 22-month "fast track" schedule, this project was constructed in and around active 24/7 terminal operations, passenger traffic, and active taxiways and aircraft gates.





David J. Spencer, DBIA, Design Manager

Hensel Phelps Construction co.	
Corporate Title	Design Manager
Years Experience	33
Education	Bachelor of Science / 1981 Colorado State University
Certifications	Designated Design-Build Professional Design-Build Institute of America

Qualifications

As Design Manager, Mr. Spencer has overall responsibility for the coordination and communication of design-related activities between the architectural, engineering, estimating and operations team and functions as the primary representative for Hensel Phelps with the Owner during the design phase of the project. He coordinates and communicates with the team members all design requirements and program modifications. Mr. Spencer leads the Hensel Phelps design-build team through value engineering studies, design charrettes, constructability reviews and design presentation with the stakeholders. He brings a wealth of experience on a multitude of project types and is knowledgeable on the building and zoning codes, production of design contract documents and construction-related activities.

Relevant Project Experience

Loudoun County Adult Detention Center - Phase II, Leesburg, VA, Design-Build, \$61,814,070 (PPEA)

As the preconstruction/Design Project Manager for this Virginia PPEA project, Mr. Spencer is responsible for owner relations, program compliance, budget adherence and design document quality control for the expansion of the existing correctional facility. Located on 92 acres just outside of the city limits of the Town of Leesburg, Virginia, this 125,000 SF expansion to the Loudoun County Adult Detention Center will provide the county with 256 additional beds and associated administration areas. Mr. Spencer has coordinated the entire entitlement process including:

- Special exceptions
- Zoning regulations/permits
- All building and trade permits

This recent design-build Virginia PPEA experience-along with Mr. Spencer's past owner's perspective further discussed below - has and will continue to add value to all parties involved in the projects he governs.





Hazelton Federal Correctional Institution (FCI), Hazelton, WV, Design-Build, \$182,510,035

Hensel Phelps was awarded via a best value procurement this design-build, medium-security federal correctional institution. Upon project completion, over 1,100 inmates will be housed in three four-story buildings.

In addition to the general services needed to support the inmates, such as food service and laundry, the project also includes administration building, utility plant, and wastewater screening building located just outside of the secure compound. A Federal Prison Industries building will employ and provide job skills training to those who are incarcerated, in keeping with the FBOP's mission of providing workplace training while keeping inmates constructively occupied.

The project is required to achieve LEED NC v 2.2 Certified-level certification.

FORSCOM / USARC Combined Headquarters, Ft. Bragg, NC, Design-Build, \$302,496,300

As one of the most prestigious projects in the 2005 Base Realignment Closure (BRAC) congressional mandate, the design-build FORSCOM / USARC headquarters relocated over 2,700 employees from two separate government entities--the U.S. Army Forces Command (FORSCOM) and the U.S. Army Reserve Command (USARC)--from Ft. McPherson, Georgia to Ft. Bragg, North Carolina. FORSCOM is the army's largest major command with over 730,000 of our 1.2 million active army troops. USARC commands our army reserves.

Set on a 57-acre site, the 708,000 SF headquarters complex encompasses the command headquarters building and its four remote buildings: an Installation Process Node (IPN); Directorate of Information Management (DOIM) Administrative Building; Control Info Tech (CIT) Building; and a Disaster Recovery Center (DRC).

The Hensel Phelps Design-Build Team designed the immense headquarters with an efficient interior layout that kept the identities between the two users separate, yet still provided architectural elements that were consistent with adjacent buildings. The successful design solution provided two front-projecting wings that distinctly separate the two entities while the brick exterior, materials and color schemes blend harmoniously with the existing historic district on Ft. Bragg. State-of-the-art mechanical and electrical equipment were provided throughout the facility--such as Under Floor Air Distribution (UFAD) and airside and waterside economizers--that helped meet the 30% energy efficiency goal and achieve LEED Silver certification.

Additional Project Experience

Military Department (MILDEP) Investigative Agencies Headquarters, Quantico MCB, VA, Design-Build, \$362,649,048

This design-build Military Department (MILDEP) Investigative headquarters is located on the Marine Corps Base in Quantico, Virginia. The 718,854 GSF facility collocates five different military investigative agencies as part of the 2005 Base Realignment and Closure (BRAC) initiative.

The four-story headquarters' building includes office space, a training facility, laboratories, cafeteria and dining space, a fitness center, a logistics building, and a central utility plant. A centrally located "keystone" contains mission-critical pieces such as the Watch Analytical Center (WAC), the Network Operations Center (NOC), records storage and acts as a central gathering space and public entry.





In addition to the main headquarters building, there is a visitors control center, guardhouses, vehicle inspection areas and 2,624 parking spaces that are strategically placed surrounding the headquarters in order to balance and reduce pedestrian travel distances. Flags representing the four branches of the armed services tower over the massive 90 acre site.

Designed and built with sustainability in mind, this project is on track for LEED® Silver Certification with the U.S. Green Building Council.

Experience Prior to Hensel Phelps

Mr. Spencer has proven himself an outstanding manager of projects requiring preconstruction services, design-build and fast-track planning. Mr. Spencer has a unique understanding of the interworkings/structure of county government, facility design and construction programs having been previously employed by **Larimer County, Colorado as their Facilities Director**. He has developed a specialized expertise that is focused around advanced planning, collaborative partnerships, and achieving goal consensus. During a project's critical preconstruction phase, he utilizes his proven leadership skills to solidify the different concepts and ideas of schedule, budget and design in order to avoid future conflicts and costly mistakes. Mr. Spencer has had oversight responsibility for monitoring detailed construction plans including drawings and specifications, and developing information about the project scope, schedule, subcontractors, workers, costs, responsibilities and tracking systems on major complex projects.

Mr. Spencer's aptitude and expertise are evident in the many successful projects with which he has been involved such as the **Larimer County Justice Center in Fort Collins, CO**. His work on the following projects attests to his exceptional skill, knowledge and training in projects that are relevant to the Spotsylvania County Circuit Court project.

Larimer County Justice Center, Fort Collins, CO - As the owner representative on **six correctional facility projects** for Larimer County, Mr. Spencer has exceptional qualifications and unique insight into developing facilities for city governments. In addition to the Larimer County Justice Center, his other project experience includes Larimer County Sheriff's Administration Building, Larimer County Detention Center Addition, Larimer County Community Corrections Facility and Addition and the Larimer Loveland Police and Courts Facility.

As the facilities director, and owner's representative, for these projects Mr. Spencer was responsible for providing concept, design, budget, procurement, contracting, construction, commissioning, move-in and maintenance of the projects.

These projects show considerable relevance to the proposed Brunswick County Jail. For example, the Larimer County Justice Center was a 170,000 SF design-build project that included 14 courtrooms, offices for the district attorney and county probation department, a law library, detention holding cells, secured underground parking and a new city park. The structure consisted of a cast-in-place foundation on drilled piers, structural steel framing and masonry veneer.

The building offers a substantial reduction in lifecycle energy costs to the owner by incorporating innovative design techniques that reduce mechanical and electrical usage throughout.





City of Loveland Police Headquarters Renovation and Addition, Loveland, CO - As the director of facilities, Mr. Spencer was the owner's representative responsible for the concept, design construction and budget of this project.

The Loveland Police & Courts Complex provides administrative offices for the City of Loveland Police Department as well as two courtrooms for Larimer County, district and city attorney offices and a municipal court for the city of Loveland. The project was contracted as design-build and required special approval through the city of Loveland planning review process.

The project consisted of a two-story - with basement - two-winged 100,000 SF building located on nine acres in old Loveland. The building's skin mixes many finish applications to meet the ownership's criteria of integrating a modern design with "old town" materials and detailing. The mixed palette gathers stone, intricate designs of multicolored brick, an exterior plaster finish system, metal paneling and storefront for a dramatic organic-textured facade. The combination was a complex creation with brick reliefs and columns that add depth and patterning for the appealing look. The result inspires visitor comments on the exterior beauty of the building. Entering the cherry- and porcelain-clad lobby vestibule, the two-story atrium houses an octagonal skylight and the circular porcelain artwork featured in the center of the lobby that includes coffered ceilings, elegant lighting techniques, and a spacious interior. The skylight spills natural ambient light into the first floor lobby and main corridor, and high-performance glazing for exterior windows minimizes heat loss/gain in the comfort of an energy-efficient and well-built structure. The most definable feature - making it stand apart from all others in Loveland - is the cherry millwork. From judicial chambers to recessed docket, from the expanse of railings and trim to judges' benches, from window sills to matching doors, cherry wood is a keynote of the building's attractive interior. The millwork package, valued at almost 10% of the project's overall budget, shows off its durable importance.





George J. Moutafakis, LEED AP, CQC Manager

Hensel Phelps Construction Co.	
Corporate Title	Quality Control Manager
Years Experience	16
Education	B.S. / Industrial Engineering / 1980 Lamar University A.A.S. / Indoor Environmental Engineering / 1979 Lamar University
Certifications	LEED Accredited Professional / U.S. Green Building Council

Qualifications

As an experienced CQC Manager, Mr. Moutafakis effectively manages all quality control functions with emphasis on the use of preparatory and initial inspection phases to avoid field problems. He has been in charge of all quality control aspects including documentation for each definable feature of work, testing of construction materials, inspection of construction methods, and verification of compliance with plans and specifications.

Relevant Project Experience

Loudoun County Adult Detention Center - Phase II, Leesburg, VA, Design-Build, \$61,814,070 (PPEA)

The design-build 125,000 SF facility consists of two housing units that house 256 inmates, an intake addition and renovation areas inside of the existing facility. The cells in the housing units are constructed utilizing pre-cast concrete cell modules that arrived on the jobsite complete with interior finishes and furnishings. The utility chases were also completely up-fitted with plumbing, mechanical and electrical systems already installed. The housing unit structure consists of precast columns, beams and exterior wall panels. The precast panels and the back walls of the cell modules have been fabricated using a form liner that allows thin brick to be cast into the exterior of the panel. This, paired with the use of a form liner for the water table, allowed Hensel Phelps to mimic the look of the existing facilities' brick and block. The intake building houses the intake processing area, administrative functions, a vehicle sallyport as well as a fully functional magistrates' office. The intake was constructed using typical masonry walls with a brick veneer.

Spotsylvania County Circuit Court Building, Spotsylvania County, VA, Design-Build, \$29,444,828 (PPEA)

Located on the south campus of the historic Spotsylvania County Courthouse complex, this design-build project's scope of work includes construction of a parking lot, extension of a public roadway and storm water management facilities as well as demolition of the existing fire station and the American Legion building. Construction includes a 71,071 SF circuit court building and a 71,718 SF public safety building.



**Hensel Phelps
Construction Co.**



Located inside the public safety building is the county's Emergency 911 Dispatch Operations Center, requiring the building--as well as the judicial center, sheriff's office and narcotics division office--to maintain continuous, uninterrupted operations throughout the duration of the project.

FORSCOM / USARC Combined Headquarters, Ft. Bragg, NC, Design-Build, \$302,496,300

As one of the most prestigious projects in the 2005 Base Realignment Closure (BRAC) congressional mandate, the design-build FORSCOM / USARC headquarters relocated over 2,700 employees from two separate government entities--the U.S. Army Forces Command (FORSCOM) and the U.S. Army Reserve Command (USARC)--from Ft. McPherson, Georgia to Ft. Bragg, North Carolina. FORSCOM is the army's largest major command with over 730,000 of our 1.2 million active army troops. USARC commands our army reserves.

Set on a 57-acre site, the 708,000 SF headquarters complex encompasses the command headquarters building and its four remote buildings: an Installation Process Node (IPN); Directorate of Information Management (DOIM) Administrative Building; Control Info Tech (CIT) Building; and a Disaster Recovery Center (DRC).

The Hensel Phelps Construction Co. Design-Build Team designed the immense headquarters with an efficient interior layout that kept the identities between the two users separate, yet still provided architectural elements that were consistent with adjacent buildings. The successful design solution provided two front-projecting wings that distinctly separate the two entities while the brick exterior, materials and color schemes blend harmoniously with the existing historic district on Ft. Bragg. State-of-the-art mechanical and electrical equipment were provided throughout the facility--such as Under Floor Air Distribution (UFAD) and airside and waterside economizers--that helped meet the 30% energy efficiency goal and achieve LEED Silver certification.

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This design-build Military Department (MILDEP) Investigative headquarters is located on the Marine Corps Base in Quantico, Virginia. The 718,854 GSF facility collocates five different military investigative agencies as part of the 2005 Base Realignment and Closure (BRAC) initiative.

The four-story headquarters' building includes office space, a training facility, laboratories, cafeteria and dining space, a fitness center, a logistics building, and a central utility plant. A centrally located "keystone" contains mission-critical pieces such as the Watch Analytical Center (WAC), the Network Operations Center (NOC), records storage and acts as a central gathering space and public entry.

In addition to the main headquarters building, there is a visitors control center, guardhouses, vehicle inspection areas and 2,624 parking spaces that are strategically placed surrounding the headquarters in order to balance and reduce pedestrian travel distances. Flags representing the four branches of the armed services tower over the massive 90 acre site.

Designed and built with sustainability in mind, this project is on track for LEED® Silver Certification with the U.S. Green Building Council.





Pentagon - Renovation Wedges 2-5, Arlington, VA, Design-Build, \$1,690,076,818

The phased design-build renovation of 4.5 million SF of space in the Pentagon includes demolition of all interior construction, reconfiguration of major core and circulation components, and full build-out to DoD standards. Significant features being preserved include facades, lobbies and corridors with new tenant areas including Command and Operation Centers, a Conference Center, a state-of-the-art Press Briefing Center, and the Pentagon Mall (food and retail outlets).

Prior to joining Hensel Phelps Construction co. in 2002, Mr. Moutafakis served as the Construction Project Manager for the following projects:

- CSC Ltd. Melt Shop
- Qualitech Steel Project
- NSBHP Steel Mill
- EELV (Evolved Expendable Launch Vehicle or EELV) LC41





Justice S. Henecke, LEED AP, Lead Cost Estimator

Hensel Phelps Construction Co.	
Corporate Title	Senior Estimator
Years Experience	11
Education	B.S. / Civil Engineering / 2000 University of Buffalo
Professional Registration	LEED Accredited Professional U.S. Green Building council

Qualifications

As the Lead Estimator, Mr. Henecke is responsible for the development of CSI Division estimates and all estimating forms and formats for both the conceptual estimate and final bid. He is responsible to the Chief Estimator for the development of pricing strategies and specific purchasing methodology for major projects. It is his responsibility to develop a working relationship with subcontractor principals and estimating departments. He supports in the development of all conceptual estimates for design-build and guaranteed maximum price projects.

Relevant Project Experience

Spotsylvania County Circuit Court Building, Spotsylvania County, VA, Design-Build, \$29,444,828 (PPEA)

Located on the south campus of the historic Spotsylvania County Courthouse complex, this design-build project's scope of work includes construction of a parking lot, extension of a public roadway and storm water management facilities as well as demolition of the existing fire station and the American Legion building. Construction includes a 71,071 SF circuit court building and a 71,718 SF public safety building. Located inside the public safety building is the county's Emergency 911 Dispatch Operations Center, requiring the building--as well as the judicial center, sheriff's office and narcotics division office--to maintain continuous, uninterrupted operations throughout the duration of the project.

Hilton Baltimore Convention Center Hotel, Baltimore, MD, Design-Build, \$278,124,371

The award-winning hotel features 850,000 SF of interior space, including 757 guest rooms and 16 suites in the 20-story west tower. This is the largest number of rooms offered by any one hotel in Baltimore. It also boasts a 62,000 SF grand ballroom - the city's largest - and a 15,000 SF junior ballroom as well as an additional 22,000 SF of flexible function space; three food and beverage outlets; a fitness center; and a business center. Retail space is included on the street level. The hotel is within walking distance to all of the city's inner harbor amenities and attractions.



**Hensel Phelps
Construction Co.**



Pentagon - Renovation Wedges 2-5, Arlington, VA, Design-Build, \$1,690,076,818

The phased design-build renovation of 4.5 million SF of space in the Pentagon includes demolition of all interior construction, reconfiguration of major core and circulation components, and full build-out to DoD standards. Significant features being preserved include facades, lobbies and corridors with new tenant areas including Command and Operation Centers, a Conference Center, a state-of-the-art Press Briefing Center, and the Pentagon Mall (food and retail outlets).

WMATA Greenbelt Rail Yard Improvements, Beltsville, MD, Design-Build, \$102,982,625

The Greenbelt project consisted of the design and construction of improvements to the existing Greenbelt, Maryland rail yard, including a new 72,000 SF two-story annex building and improvements to the existing rail maintenance facility that included a new structural slab and vault, new overhead cranes, rail-car truck hoisting equipment, turntables, and industrial maintenance equipment. This was Hensel Phelps' second design-build project for WMATA.

WMATA Shady Grove Rail Yard Improvements, Rockville, MD, Design-Build, \$59,676,561

The Shady Grove project consisted of the design and construction of improvements to the existing Shady Grove, Maryland rail yard. Highlights included an extension to the existing maintenance shop, renovations to the existing blow pit as well as a new one, an additional train track and the relocation of the existing bypass track. This was Hensel Phelps' third design-build project for WMATA.

Towers Crescent, Phase III, Building F, Vienna, VA, CM at Risk (CM/GC), \$70,000,000

The 13-story office tower - located in the heart of Tyson's Corner, Virginia - makes an impact on the skyline of one of the leading business centers in the nation. The Towers include over 150,000 SF of curtain wall glazing; an ornamental steel roof crown and an ornamental aluminum spire, which stands an additional 78' above the 13th floor terrace. The interior includes 10 individual traction and hydraulic elevators and the main lobby has granite and wood veneer-faced finishes.

Mount Vernon Place Office Building, Washington, DC, CM at Risk (CM/GC) \$31,019,115

Located near Embassy Row in Washington, D.C., the Mount Vernon Place office building is an eight-story, 88,000 SF steel structure that includes a one level at-grade concrete parking garage. Very distinctive features and high-end finishes highlight this premier office building including imported stone from Jerusalem and olive wood from Italy, polymer panel systems at all the workstations and a distinctive water fountain in the main lobby. Furthermore, the Mount Vernon Place office building was designed to accommodate a future adjacent residential tower with two more levels of parking and additional commercial office space.

Equinix Data Center - DC5, Ashburn, VA, Design-Bid-Build, \$48,091,280

Located in the Dulles Corridor of Northern Virginia (also known as the Technology Corridor), the Equinix DC5 project was a 100,000 SF, mission-critical data center facility that is supported by multiple redundant systems. A 35,000 SF annex structure was built to join the operational Equinix Data Center with an existing 65,000 SF warehouse that was retrofitted as collocation space. The annex building encloses the redundant systems that support the facility while the collocation space in the existing warehouse consists mainly of "server farms." A Short Interval Production Schedule (SIPS) train was used to build the collocation spaces, which are comprised of nearly 75,000 SF of the building footprint. Cooling these spaces are 60 Computer Room Air Conditioning (CRAC) Units producing 24,000 CFM each, totaling





1,440,000 CFM of cooled air. In addition to the 3,000 LF of ductwork serving these CRAC Units, over 11 miles of conduit, 400 tons of steel and 95 miles of cable were put in place during the fast-tracked eight-month schedule.

Orbital Satellite Manufacturing Facility Expansion, Dulles, VA, Design-Bid-Build, \$3,289,738

Constructed by Hensel Phelps in 2000, the Orbital Satellite Manufacturing Facility (SMF) is the largest satellite plant in the Eastern United States. This 65,000 SF facility houses all of the company's satellite manufacturing, assembly, and testing activities. Under a separate contract, the 10,000 SF expansion to the Orbital SMF includes the removal of selected control rooms and the addition of an airlock access area to one of the existing cleanrooms.





Charles B (“Brad”) Miller, Scheduler

Hensel Phelps Construction Co.	
Corporate Title	Preconstruction Services/Scheduler
Years Experience	33 Years
Education	B.S. / Industrial Construction Management / 1983 Colorado State University

Qualifications

As a scheduler, Mr. Miller is responsible for the project schedule. His experience in the field has provided him with a well rounded understanding of the day to day operations on a construction site, where he has been responsible for coordination and supervision of Hensel Phelps field operations, preparation of daily field logs, 3 week schedules, quality control experience including coordination of quality control testing and preparation of daily QC reports.

Relevant Project Experience

Spotsylvania County Circuit Court Building, Spotsylvania County, VA, Design-Build, \$29,444,828 (PPEA)

Located on the south campus of the historic Spotsylvania County Courthouse complex, this design-build project's scope of work includes construction of a parking lot, extension of a public roadway and storm water management facilities as well as demolition of the existing fire station and the American Legion building. Construction includes a 71,071 SF circuit court building and a 71,718 SF public safety building. Located inside the public safety building is the county's Emergency 911 Dispatch Operations Center, requiring the building--as well as the judicial center, sheriff's office and narcotics division office--to maintain continuous, uninterrupted operations throughout the duration of the project.

Southeastern Bus Garage Replacement, Washington, DC, Design-Build, \$50,395,000

The Southeastern Bus Garage facility will allow for the inspection and repair services of WMATA's large fleet of both standard frame and articulating tandem buses. This 250-bus facility is located at the DC Village in Southwest Washington, D.C. and includes a 53,779SF Administration and Bus Maintenance Building, an 8,116SF Fuel Building, a 6,459SF Washing Building, and a 179,000SF Parking Structure. Unique features of this facility include service bays, lubrication and fluid service dispensing systems, bus and utility fleet fueling, chassis and exterior washing systems, body repair and painting facilities, tire and brake shops, air conditioning and interior upholstery repair capabilities. WMATA anticipates including vehicles powered by Compressed Natural Gas (CNG) into its bus fleet which adds an additional challenge and very stringent safety requirements. In keeping with WMATA's desire to operate and maintain a more environmentally friendly facility, this project will be Certified LEED Silver under the USGBC V2.2.





Mount Vernon Place Office Building, Washington, DC., CM at Risk (CM/GC) \$31,019,115

Located near Embassy Row in Washington, D.C., the Mount Vernon Place office building is an eight-story, 88,000 SF steel structure that includes a one level at-grade concrete parking garage. Very distinctive features and high-end finishes highlight this premier office building including imported stone from Jerusalem and olive wood from Italy, polymer panel systems at all the workstations and a distinctive water fountain in the main lobby. Furthermore, the Mount Vernon Place office building was designed to accommodate a future adjacent residential tower with two more levels of parking and additional commercial office space.

Pentagon - Renovation Wedges 2-5, Arlington, VA, Design-Build, \$1,690,076,818

The phased design-build renovation of 4.5 million SF of space in the Pentagon includes demolition of all interior construction, reconfiguration of major core and circulation components, and full build-out to DoD standards. Significant features being preserved include facades, lobbies and corridors with new tenant areas including Command and Operation Centers, a Conference Center, a state-of-the-art Press Briefing Center, and the Pentagon Mall (food and retail outlets).

The Market Common Clarendon, Clarendon, VA, Design-Bid-Build, \$80,380,078

The Market Common Clarendon is a true multi-use urban facility comprised of 225,000 SF of high-end retail shops and restaurants, 300 luxury apartments, parking garages built around a landscaped central plaza area highlighting two large fountains, a bandstand, a playground area and a beverage kiosk. The project consists of a six-story luxury apartment tower constructed on top of a five-story parking garage with two four-story apartment towers constructed above the retail and restaurant areas. The apartment towers include modern amenities such as high-speed internet connections, fireplaces, balconies, terraces and spectacular views of the U.S. Capitol Building and the Washington Mall Monuments.

Pedestrian Walkback Tunnel, Washington Dulles International Airport, Dulles, VA, Design-Bid-Build, \$27,395,447

The Pedestrian Walkback Tunnel is Washington Dulles International Airport's first tunnel designed to speed the movement of passengers between the main terminal and the airport's midfield terminals. The automated walkways or "moving sidewalks" provide passengers with another option, instead of the existing mobile lounges, as a way to get passengers from the main terminal to Concourses A and B. In the future, this walkway will be extended to connect Concourse B with a future permanent Concourse C.

Hensel Phelps performed the construction of the tunnel's architectural finishes that included the fit -out of the 40 x 30 ft oval-shaped tunnel that extends 750 feet and 10-15 feet below grade from the main terminal to Concourse B. Tunnel finishes include all architectural, mechanical, electrical, plumbing, fire protection, security and audio communications. Hensel Phelps also constructed the four-level connector building at Concourse B. Passengers arriving and departing this concourse are able to access the tunnel by the use of escalators, elevators and stairways located within the connector area. The structure includes vertical circulation, mechanical / electrical rooms and allowance for a future automated train system and possible extension of the tunnel. Additional work included the demolition of Mobile Lounge Dock 7, utility relocation and site and pavement restoration.

This project posed a challenging construction work environment as it was directly adjacent to two active terminal gates that remained operational with no disruption to gate, airport ground and security operations.





National Ground Intelligence Center, Charlottesville, VA, Design-Bid-Build, \$43,045,298

The National Ground Intelligence Center is a major subordinated command of the US Army Intelligence and Security Command and is responsible for producing scientific and technical intelligence. Located north of the city of Charlottesville, VA, this 258,000 SF State-of-the-Art, 5-story facility is a combination of cast-in-place concrete and structural steel. Half of the space is allotted to office environment and the remainder is divided between special and support spaces including: Laboratories, Auditorium, Cafeteria, Fitness Center, Automated Data Processing Center, Visual Information Lab, Central Security Monitoring station, Information Resource Center, JWICS Teleconferencing Center, and a number of other Special Rooms.

Great emphasis was placed on maximizing exterior views and natural light for the open office areas and locating the zone of closed offices away from the curtain-wall windows. The design of the building responds to the site in an environmentally-sensitive manner by extending architectural elements and forms into the site to define space and accommodate changes in grade. The innovative approach to site selection resulted in the acquisition of a unique site with natural elements which contribute to site security. Floor plates were stepped down the hillside in order to reduce the amount of structured slope retention, and to provide specific program elements with desired adjacencies and functional requirements for heavy loads and vibration tolerances. The building plan and technical systems accommodate future building expansion and site planning accommodates future structured parking.



Moseley Architects
DGS Form 30-004

DGS-30-004 (Rev. 10/10)	ARCHITECTURAL / ENGINEERING FIRM DATA CONSULTANT / OTHER OFFICE	RFP # 11-01
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Submitted By (Firm Name): **MOSELEY ARCHITECTS**
 A/E Services for the Construction of a Facility for the Treatment of Sexually

Submittal For (Project Title): Violent Predators **PC #:** TBD

1) FIRM NAME AND ADDRESS: (office where work will be done) Moseley Architects 3200 Norfolk Street Richmond, Virginia 23230 TELEPHONE: 804.794.7555 FAX: 804.355.5690 FEIN / SSN: 54-0901270 State Corporation Commission ID Number / Partnership Name: 0135697-1	2) YEARS IN BUSINESS a) Years under present name..... 9 b) List other names and years: Moseley Harris & McClintock 6 The Moseley McClintock Group 29
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3) NAME AND ADDRESS OF PARENT COMPANY / HOME OFFICE: TELEPHONE: FAX:	4) SPECIFIC TYPE OF OWNERSHIP: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Sole Proprietor</td> <td><input type="checkbox"/> MBE</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input checked="" type="checkbox"/> SBE</td> </tr> <tr> <td><input checked="" type="checkbox"/> Professional Corp.</td> <td><input type="checkbox"/> WBE</td> </tr> <tr> <td><input type="checkbox"/> Other Corporation</td> <td></td> </tr> </table> Firm's APELSCIDLA License #: 0410000059	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> MBE	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> SBE	<input checked="" type="checkbox"/> Professional Corp.	<input type="checkbox"/> WBE	<input type="checkbox"/> Other Corporation	
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<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> SBE								
<input checked="" type="checkbox"/> Professional Corp.	<input type="checkbox"/> WBE								
<input type="checkbox"/> Other Corporation									

5) NAMES OF NOT MORE THAN TWO PRINCIPALS TO CONTACT: (Title and Phone Number)

Name	Title	Phone Number
William G. Porter, PE, DBIA	Vice President	804.794.7555
S. Cary Gill, AIA, LEEDap	Vice President	804.794.7555

6) NUMBER OF PERSONNEL IN FIRM AT (1) ABOVE BY DISCIPLINE: (List each person only once)

	<u>Licensed</u> <small>(included in architect figures)</small>	<u>Unlicensed</u>	<u>Draft</u>	<u>Field</u>
Project Managers				
Architects	25	1		
Civil Engineers	0	0		
Structural Engineers	5	3		
Mechanical Engineers	5	6		
Electrical Engineers	3	1		
Soils Engineer	0	0		
Landscape Architects	0	0		
Interior Designers	4	2		
Jail Planners	0	1		
Environmental Planners	2	2		
Construction Admin. / Insp.	7	5		
CADD Operators	0	12		
Specifications	1	0		
Administrative	1	16		
Consultants	0	2		
Fire Protection	1	0		
TOTALS	54	51	0	0

7) FUNCTIONS OR SERVICES TO BE PROVIDED: Architectural

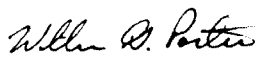
8) HAS SOMEONE IN FIRM ATTENDED THE BCOM SEMINAR ON THE CONSTRUCTION & PROFESSIONAL SERVICES MANUAL? ☒ Yes ☐ No **IF SO, LIST NAMES AND LATEST YEAR OF ATTENDANCE.**

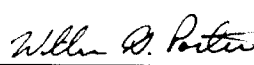
NAME	YEAR
Joshua Bennett	2006
Stephen Lyons	2006
J. Kenneth Payne, AIA	2000

9) ON HOW MANY PROJECTS HAS THE CONSULTANT WORKED WITH THE PROPOSER IN THE LAST FIVE YEARS? 0

10) LIMITS OF PROFESSIONAL LIABILITY INSURANCE AND DEDUCTIBLE:
 Carrier: Dejarrette & Paul Insurance, 2108 West Laburnum Avenue, Suite 310, Richmond, VA 23227
 Liability Limits: \$4,000,000 aggregate; \$2,000,000 per incident; Deductible: \$100,000

The foregoing is a statement of fact.

Typed Name: William G. Porter, PE, DBIA	Signature: 
Title: Vice President	Date: 31-Jan-11

DGS-30-004 (Rev. 10/10)	ARCHITECTURAL / ENGINEERING FIRM DATA PERSONNEL QUALIFICATIONS	RFP # 11-01
Submitted By (Firm Name): MOSELEY ARCHITECTS		
Submittal For (Project Title): A/E Services for the Construction of a Facility for the Treatment of Sexually Violent Predators		
		PC # : TBD
BRIEF RESUME OF KEY INDIVIDUAL PROPOSED FOR THIS PROJECT. PROVIDE ONE FORM FOR EACH PERSON.		
1) NAME: <u>William G. Porter, PE, DBIA</u> TITLE: <u>Vice President</u> TYPICAL DUTY OR ASSIGNMENT: <u>Design Collaborator</u>		
2) ASSIGNMENT FOR THIS PROJECT: <u>Design Collaborator</u>		
% OF TYPICAL 40 HOUR WORKWEEK THIS PERSON WOULD SPEND ON THIS PROJECT: <u>20</u> PERCENT		
3) EMPLOYEE OF: MOSELEY ARCHITECTS		
4) YEARS OF EXPERIENCE: <u>32</u> YEARS TOTAL EXPERIENCE <u>1</u> YEARS WITH THIS FIRM		
5) EDUCATION: COLLEGE / DEGREE(S) / YEAR / SPECIALIZATION: <u>Virginia Polytechnic Institute and State University / B.S. / 1974 / Business Administration; University of North Carolina Charlotte / 1978 / B.S. / Engineering, Science, Mechanics and Materials</u>		
6) ACTIVE REGISTRATION: Year first registered / State / Discipline or Type <u>Professional Engineer in the following states: PA, AR, AZ, CA, DE, GA, IL, IN, KS, KY, MD, MI, MS, NH, OH, SC, TN, UT, VA, WA, WV; 2005 / DBIA</u> COMMONWEALTH OF VIRGINIA 6-DIGIT REGISTRATION / CERTIFICATE / LICENSE NUMBER: ARCHITECT # _____ or ENGINEER # <u>0402013669</u>		
7) EXPERIENCE AND / OR QUALIFICATIONS RELEVANT TO THIS PROJECT: (List up to six (6) relevant projects and indicate your role and responsibility for each.)		
<u>Project</u>	<u>Role / Responsibility</u>	
<u>Federal Correctional Institution - Hazelton, West Virginia - Hensel Phelps</u>	<u>Design Collaborator</u>	
<u>Rivers Correctional Institution, Winton, North Carolina - GEO Owned and Operated for FBOP - Hensel Phelps</u>	<u>Managing Principal</u>	
<u>Benner State Correctional Institution, Benner, Pennsylvania - Hensel Phelps</u>	<u>Managing Principal</u>	
<u>Loudoun County Adult Detention Facility Phase II, Loudoun County, Virginia - Hensel Phelps</u>	<u>Managing Principal</u>	
<u>FCI, FPC & Firing Range, Williamsburg County, South Carolina - Hensel Phelps</u>	<u>Civil and MEP Engineering Design Manager</u>	
<u>Navy Joint Regional Correctional Facility, Chesapeake, Virginia</u>	<u>Design Collaborator</u>	
The foregoing is a statement of fact.		
Typed Name: <u>William G. Porter, PE, DBIA</u> Title: <u>Vice President</u>	Signature: <u></u> Date: <u>1.31.11</u>	

DGS-30-004 (Rev. 10/10)	ARCHITECTURAL / ENGINEERING FIRM DATA PERSONNEL QUALIFICATIONS	RFP # 11-01
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Submitted By (Firm Name): **MOSELEY ARCHITECTS**

Submittal For (Project Title): **A/E Services for the Construction of a Facility for the Treatment of Sexually Violent Predators** PC #: **TBD**

BRIEF RESUME OF KEY INDIVIDUAL PROPOSED FOR THIS PROJECT. PROVIDE ONE FORM FOR EACH PERSON.

1) NAME: S. Cary Gill, AIA, LEED_{ap}
 TITLE: Vice President
 TYPICAL DUTY OR ASSIGNMENT: Managing Principal

2) ASSIGNMENT FOR THIS PROJECT: Managing Principal

% OF TYPICAL 40 HOUR WORKWEEK THIS PERSON WOULD SPEND ON THIS PROJECT: 15 PERCENT

3) EMPLOYEE OF: **MOSELEY ARCHITECTS**

4) YEARS OF EXPERIENCE: 42 YEARS TOTAL EXPERIENCE 22 YEARS WITH THIS FIRM

5) EDUCATION: COLLEGE / DEGREE(S) / YEAR / SPECIALIZATION:
Virginia Polytechnic Institute and State University / B.A. / 1969 / Architecture

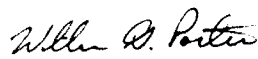
6) ACTIVE REGISTRATION: Year first registered / State / Discipline or Type
1983 / VA / Architect; 1986 / TN / Architect; 2004 / LEED Accredited Professional; 1983 / NCARB

COMMONWEALTH OF VIRGINIA 6-DIGIT REGISTRATION / CERTIFICATE / LICENSE NUMBER:
 ARCHITECT # 0401005264 or ENGINEER # _____

7) EXPERIENCE AND / OR QUALIFICATIONS RELEVANT TO THIS PROJECT:
 (List up to six (6) relevant projects and indicate your role and responsibility for each.)

<u>Project</u>	<u>Role / Responsibility</u>
Department for the Blind and Vision Impaired Administration Activities Building Renovation, Richmond, Virginia	Managing Principal
Federal Correctional Institution - Hazelton, West Virginia - Hensel Phelps	Managing Principal
Federal Correctional Institution - Butner, North Carolina - Hensel Phelps	Managing Principal
Henrico Regional Jail East, Henrico County, Virginia - Hensel Phelps	Managing Principal
Amherst Adult Detention Center, Amherst County, Virginia	Managing Principal
Riverside Regional Jail and Pre-Release Center, City of Hopewell, Virginia	Managing Principal

The foregoing is a statement of fact.

Typed Name: William G. Porter, PE, DBIA Signature: 

Title: Vice President Date: 1.31.11

DGS-30-004
(Rev. 10/10)**ARCHITECTURAL / ENGINEERING FIRM DATA**

RFP #

PERSONNEL QUALIFICATIONS

11-01

Submitted By (Firm Name): **MOSELEY ARCHITECTS**Submittal For (Project Title): **A/E Services for the Construction of a Facility for the Treatment of Sexually Violent Predators**PC #: **TBD****BRIEF RESUME OF KEY INDIVIDUAL PROPOSED FOR THIS PROJECT. PROVIDE ONE FORM FOR EACH PERSON.**1) NAME: Taylor M. MunizTITLE: Vice PresidentTYPICAL DUTY OR ASSIGNMENT: Project Manager2) ASSIGNMENT FOR THIS PROJECT: Project Manager% OF TYPICAL 40 HOUR WORKWEEK THIS PERSON WOULD SPEND ON THIS PROJECT: 80 PERCENT3) EMPLOYEE OF: **MOSELEY ARCHITECTS**

4) YEARS OF EXPERIENCE:

31 YEARS TOTAL EXPERIENCE19 YEARS WITH THIS FIRM

5) EDUCATION: COLLEGE / DEGREE(S) / YEAR / SPECIALIZATION:

Idaho State University / B.A. / 1979 / Geology; University of Utah / M.A. / 1983 / Architecture

6) ACTIVE REGISTRATION: Year first registered / State / Discipline or Type

1998 / VA / Architect; 1985 / UT / Architect; 2007 / IN / Architect; 1999 / WV / Architect; 2010 / PA / Architect; 2002 / NC / Architect; 2004 / LEED Accredited Professional; 1999 / NCARB

COMMONWEALTH OF VIRGINIA 6-DIGIT REGISTRATION / CERTIFICATE / LICENSE NUMBER:

ARCHITECT # 0401011307

or ENGINEER # _____

7) EXPERIENCE AND / OR QUALIFICATIONS RELEVANT TO THIS PROJECT:

(List up to six (6) relevant projects and indicate your role and responsibility for each.)

<u>Project</u>	<u>Role / Responsibility</u>
Department for the Blind and Vision Impaired Administration Activities Building Renovation, Richmond, Virginia	Project Manager
Federal Correctional Institution - Butner, North Carolina - Hensel Phelps	Project Manager
Federal Correctional Institution - Hazelton, West Virginia - Hensel Phelps	Project Manager
Benner State Correctional Institution, Benner, Pennsylvania - Hensel Phelps	Project Manager
Riverside Regional Jail and Pre-Release Center, City of Hopewell, Virginia	Project Manager
Middle River Regional Jail, Augusta County, Virginia	Project Manager

The foregoing is a statement of fact.Typed Name: William G. Porter, PE, DBIASignature: William G. PorterTitle: Vice PresidentDate: 1.31.11

DGS-30-004 (Rev. 10/10)	ARCHITECTURAL / ENGINEERING FIRM DATA PERSONNEL QUALIFICATIONS	RFP # 11-01
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Submitted By (Firm Name): **MOSELEY ARCHITECTS**

Submittal For (Project Title): **A/E Services for the Construction of a Facility for the Treatment of Sexually Violent Predators** PC #: **TBD**

BRIEF RESUME OF KEY INDIVIDUAL PROPOSED FOR THIS PROJECT. PROVIDE ONE FORM FOR EACH PERSON.

1) NAME: Jeffrey S. O'Beirne, PE
 TITLE: Structural Engineer
 TYPICAL DUTY OR ASSIGNMENT: Structural Engineer

2) ASSIGNMENT FOR THIS PROJECT: Structural Engineer

% OF TYPICAL 40 HOUR WORKWEEK THIS PERSON WOULD SPEND ON THIS PROJECT: 90 PERCENT

3) EMPLOYEE OF: **MOSELEY ARCHITECTS**

4) YEARS OF EXPERIENCE: 17 YEARS TOTAL EXPERIENCE 7 YEARS WITH THIS FIRM

5) EDUCATION: COLLEGE / DEGREE(S) / YEAR / SPECIALIZATION:
 Virginia Polytechnic Institute and State University / B.S. / 1993 / Civil Engineering

6) ACTIVE REGISTRATION: Year first registered / State / Discipline or Type
 2002 / VA . Professional Engineer; 2006 / LEED Accredited Professional

COMMONWEALTH OF VIRGINIA 6-DIGIT REGISTRATION / CERTIFICATE / LICENSE NUMBER:

ARCHITECT # _____ or ENGINEER # 0402-036947

7) EXPERIENCE AND / OR QUALIFICATIONS RELEVANT TO THIS PROJECT:
 (List up to six (6) relevant projects and indicate your role and responsibility for each.)

Project	Role / Responsibility
Department for the Blind and Vision Impaired Administration Activities Building Renovation, Richmond, Virginia	Structural Engineer
Federal Correctional Institution - Hazelton, West Virginia - Hensel Phelps	Structural Engineer
Benner State Correctional Institution, Benner, Pennsylvania - Hensel Phelps	Structural Engineer
Amherst Adult Detention Center, Amherst County, Virginia	Structural Engineer
Riverside Regional Jail and Pre-Release Center, City of Hopewell, Virginia	Structural Engineer
Gloucester County Jail Expansion and Renovations, Gloucester County, Virginia	Structural Engineer

The foregoing is a statement of fact.

Typed Name: William G. Porter, PE, DBIA Signature: William G. Porter

Title: Vice President Date: 1.31.11

DGS-30-004
(Rev. 10/10)**ARCHITECTURAL / ENGINEERING FIRM DATA**

RFP #

PERSONNEL QUALIFICATIONS

11-01

Submitted By (Firm Name): **MOSELEY ARCHITECTS**Submittal For (Project Title): **A/E Services for the Construction of a Facility for the Treatment of Sexually Violent Predators**PC #: **TBD****BRIEF RESUME OF KEY INDIVIDUAL PROPOSED FOR THIS PROJECT. PROVIDE ONE FORM FOR EACH PERSON.**

1) NAME: Jennie Mann, PE, LEEDap
 TITLE: Senior Security and Detention Design Specialist
 TYPICAL DUTY OR ASSIGNMENT: Security and Detention Design Specialist

2) ASSIGNMENT FOR THIS PROJECT: Security and Detention Design Specialist

% OF TYPICAL 40 HOUR WORKWEEK THIS PERSON WOULD SPEND ON THIS PROJECT: 90 PERCENT

3) EMPLOYEE OF: **MOSELEY ARCHITECTS**

4) YEARS OF EXPERIENCE:

13 YEARS TOTAL EXPERIENCE

4 YEARS WITH THIS FIRM

5) EDUCATION: COLLEGE / DEGREE(S) / YEAR / SPECIALIZATION:

Purdue University / B.S. / 2000 / Computer and Electrical Engineering

6) ACTIVE REGISTRATION: Year first registered / State / Discipline or Type

2009 / NC / Professional Engineer; 2007 / LEED Accredited Professional

COMMONWEALTH OF VIRGINIA 6-DIGIT REGISTRATION / CERTIFICATE / LICENSE NUMBER:

ARCHITECT # _____ or ENGINEER # _____

7) EXPERIENCE AND / OR QUALIFICATIONS RELEVANT TO THIS PROJECT:

(List up to six (6) relevant projects and indicate your role and responsibility for each.)

<u>Project</u>	<u>Role / Responsibility</u>
Benner State Correctional Institution, Benner, Pennsylvania - Hensel Phelps	Security and Detention Design Specialist
Detention Center, Guilford County, North Carolina	Security and Detention Design Specialist
Detention Center Expansion, Charleston County, South Carolina	Security and Detention Design Specialist
Jail and Law Enforcement Facility, Transylvania County, North Carolina	Security and Detention Design Specialist
Jail and Law Enforcement Facility, Harnett County, North Carolina	Security and Detention Design Specialist
Jail and Emergency Operations Facility, Lee County, North Carolina	Security and Detention Design Specialist

The foregoing is a statement of fact.

Typed Name: William G. Porter, PE, DBIA

Signature: 

Title: Vice President

Date: 1.31.11

DGS-30-004 (Rev. 10/10)	ARCHITECTURAL / ENGINEERING FIRM DATA PERSONNEL QUALIFICATIONS	RFP # 11-01
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Submitted By (Firm Name): **MOSELEY ARCHITECTS**

Submittal For (Project Title): **A/E Services for the Construction of a Facility for the Treatment of Sexually Violent Predators** PC #: **TBD**

BRIEF RESUME OF KEY INDIVIDUAL PROPOSED FOR THIS PROJECT. PROVIDE ONE FORM FOR EACH PERSON.

1) NAME: Cary B. Webster, LEED_{ap}
 TITLE: Senior Sustainability Coordinator
 TYPICAL DUTY OR ASSIGNMENT: Sustainability Coordinator

2) ASSIGNMENT FOR THIS PROJECT: Sustainability Coordinator

% OF TYPICAL 40 HOUR WORKWEEK THIS PERSON WOULD SPEND ON THIS PROJECT: 20 PERCENT

3) EMPLOYEE OF: **MOSELEY ARCHITECTS**

4) YEARS OF EXPERIENCE: 14 YEARS TOTAL EXPERIENCE 3 YEARS WITH THIS FIRM

5) EDUCATION: COLLEGE / DEGREE(S) / YEAR / SPECIALIZATION:
University of Virginia / B.A. / 1996 / Environmental Science

6) ACTIVE REGISTRATION: Year first registered / State / Discipline or Type
2009 / LEED Accredited Professional BD+C

COMMONWEALTH OF VIRGINIA 6-DIGIT REGISTRATION / CERTIFICATE / LICENSE NUMBER:
 ARCHITECT # _____ or ENGINEER # _____

7) EXPERIENCE AND / OR QUALIFICATIONS RELEVANT TO THIS PROJECT:
 (List up to six (6) relevant projects and indicate your role and responsibility for each.)

<u>Project</u>	<u>Role / Responsibility</u>
Department for the Blind and Vision Impaired Administration Activities Building Renovation, Richmond, Virginia	Sustainability Coordinator
Federal Correctional Institution - Hazelton, West Virginia - Hensel Phelps	Sustainability Coordinator
Benner State Correctional Institution, Benner, Pennsylvania - Hensel Phelps	Sustainability Coordinator
Amherst Adult Detention Center, Amherst County, Virginia	Sustainability Coordinator
Meherrin River Regional Jail, Brunswick County, Virginia	Sustainability Coordinator
Loudoun County Juvenile Detention Center, Loudoun County, Virginia	Sustainability Coordinator

The foregoing is a statement of fact.

Typed Name: William G. Porter, PE, DBIA Signature: William G. Porter

Title: Vice President Date: 1.31.11

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMMONWEALTH OF VIRGINIA

EXPIRES ON
12-31-2011

9960 Mayland Dr., Suite 400, Richmond, VA 23233
Telephone: (804) 367-8500

NUMBER
0405000027

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS
AND LANDSCAPE ARCHITECTS
PROFESSIONAL CORPORATION REGISTRATION

PROFESSIONS: ARC

MOSELEY ARCHITECTS PC
3200 NORFOLK ST
RICHMOND, VA 23230



Jimmy W. DeBor
Jimmy W. DeBor Director

ALTERATION OF THIS DOCUMENT, USE AFTER EXPIRATION, OR USE BY PERSONS OR FIRMS OTHER
THAN THOSE NAMED MAY RESULT IN CRIMINAL PROSECUTION UNDER THE CODE OF VIRGINIA.

(SEE REVERSE SIDE FOR NAME AND/OR ADDRESS CHANGE)

(POCKET CARD)

COMMONWEALTH OF VIRGINIA

BOARD FOR APPLSCIDLA
PROFESSIONAL CORPORATION REGISTRATION
NUMBER: 0405000027 EXPIRES: 12-31-2011
PROFESSIONS: ARC
MOSELEY ARCHITECTS PC
3200 NORFOLK ST
RICHMOND, VA 23230



(FOLD)

(DETACH HERE)

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
9960 Mayland Dr., Suite 400, Richmond, VA 23233


ALTERATION OF THIS DOCUMENT, USE AFTER EXPIRATION, OR USE BY PERSONS OR FIRMS OTHER THAN THOSE NAMED MAY RESULT IN CRIMINAL PROSECUTION UNDER THE CODE OF VIRGINIA.

(8/C8)

CERTIFICATION REGARDING DEBARMENT

1. The proposer certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently under active criminal investigation, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal, state, or local department or agency;
 - b. Have not within a three year period preceding this proposal been convicted or had civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transaction; and have not been convicted of any violation of federal or state anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph 1) b) of this certification; and
 - d. Have not within a three year period preceding this proposal had one or more public transactions (federal, state, or local) terminated for cause or default.
2. Where the proposer is unable to certify to any of the statements in this certification, such proposer shall attach an explanation to the proposal.

The undersigned makes the foregoing statements to be filed with the proposal submitted on behalf of the proposer for an unsolicited proposal to the Virginia Department of Behavioral Health and Developmental Services under the Public-Private Education Facilities and Infrastructure Act of 2002 as Amended January 17, 2008.

	<u>1.31.2011</u>	<u>Vice President</u>
Signature	Date	Title

Moseley Architects
Name of Firm

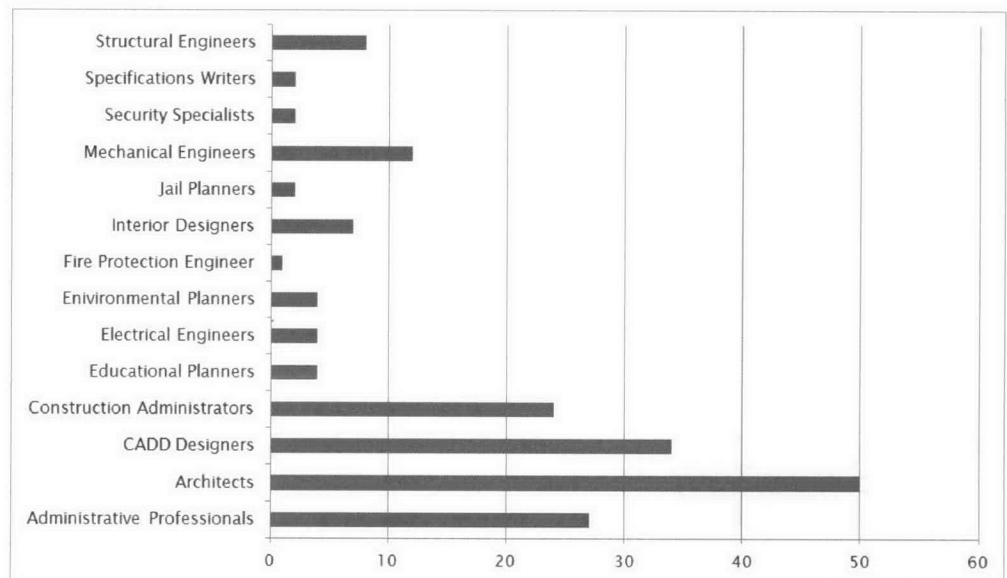
FIRM OVERVIEW

Moseley Architects was founded in 1969 and is a full-service architectural, engineering, planning, and interior design firm dedicated to serving public sector clients. The firm has grown to six offices, offering the talents of more than 180 professionals and has completed projects in several states. Office locations include the firm headquarters in Richmond, VA; Harrisonburg, VA; Virginia Beach, VA; Warrenton, VA; Raleigh, NC; and Charlotte, NC. **Services for your project will be provided by our Richmond office.**

Our firm's broad base of skills and experience allows us to respond to clients' needs with comprehensive services, including:

- Feasibility Studies
- Master Planning
- Facility Planning
- Architectural Design
- Structural Engineering
- Electrical Engineering
- Mechanical Engineering
- Space Needs Analysis and Programming
- Construction Administration
- Building Information Modeling (BIM)
- Security Systems Design
- Furnishings Design
- Sustainable Design/LEED® Certification
- Interior Design/Furnishings Design

To demonstrate our ability to provide and maintain qualified professional staff and the required support services for your project, we have included below a breakdown of our staff by discipline:



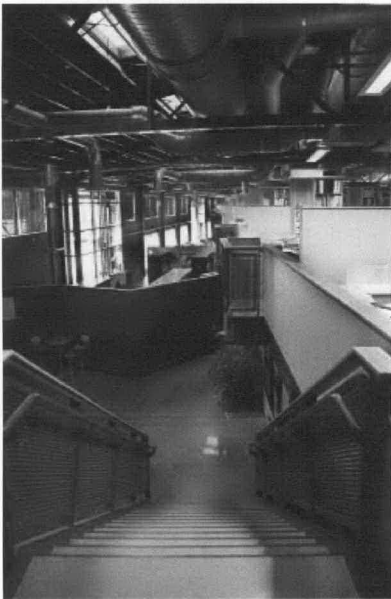
SUSTAINABLE DESIGN

Moseley Architects is committed to helping our clients understand the economic and environmental implications of sustainable design approaches so that, together, we can create an environmentally responsible project. We promote the belief that sustainable design is "better design," which reflects a greater understanding of the effect that our facilities have on the environment. As part of our commitment to sustainable design, we have an in-house team that is dedicated full time to environmental planning, design, and research. Team leader Bryna Dunn works closely with all of our staff so that they are current on sustainable design technologies and opportunities. Bryna is the chairperson of the U.S. Green Building Council's Sustainable Sites Technical Advisory Group. She also works directly with our clients, developing life cycle and economic-payback analyses for a variety of sustainable design approaches. Bryna and her staff are regularly included on our design teams so that the integration of sustainable design criteria is addressed with the various disciplines involved in the project.

Currently, more than 50% of our professional employees are LEED Accredited Professionals. These individuals have completed the USGBC's specialized training and are experienced in stimulating sustainability awareness, discussing how sustainability may benefit a project, and determining project-specific solutions.

Including our own LEED Platinum office building here in Richmond, our firm has completed 24 LEED certified facilities. These include the world's first LEED certified federal correctional institution in Butner, NC and the world's first LEED certified elementary school, Third Creek Elementary School in Iredell, NC. Our firm also completed the country's first LEED certified engineering facility, the Engineering & Computational Sciences Building at Old Dominion University as well as the Southeast's first LEED certified recreation center, the College of William and Mary's Student Recreation Center.

In addition to 24 projects already LEED certified, Moseley Architects currently has 54 projects underway that are LEED registered. LEED registration indicates that a project is incorporating sustainable design elements into the planning and design and will pursue LEED certification with the USGBC when construction is complete.



Moseley Architects' Richmond Office
City of Richmond, Virginia
LEED® Platinum

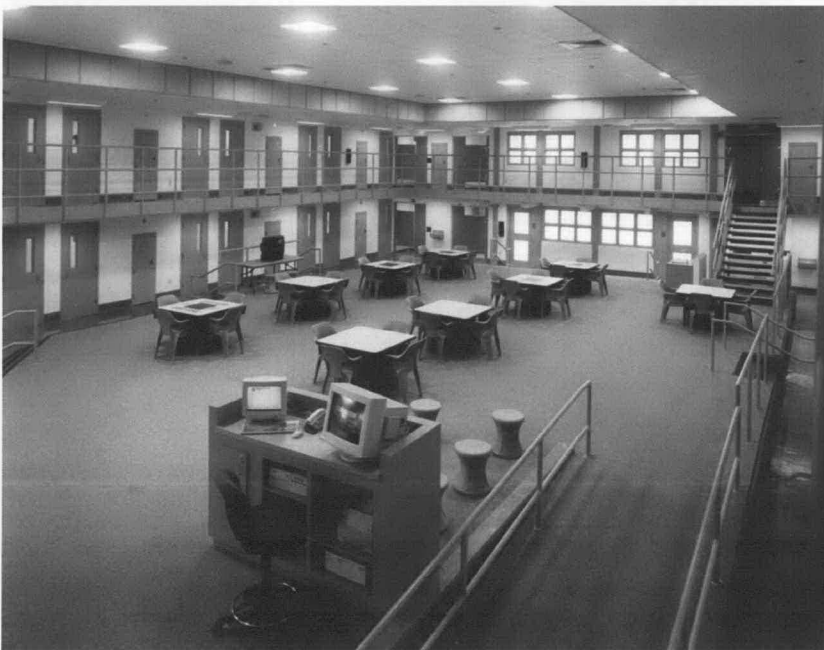
HENRICO COUNTY REGIONAL JAIL EAST



Client:

Counties of Henrico, New Kent,
and Goochland, Virginia

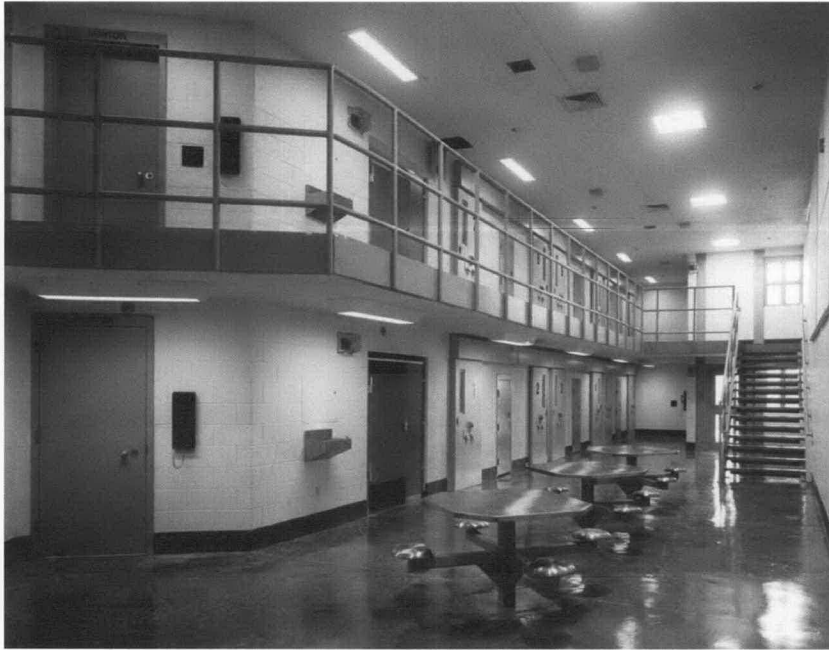
Our firm was the prime design firm for this project in association with the Vitetta Group. Moseley Architects' responsibilities included management of the project team, programming, design, site development, primary production of the contract documents, design and selection of fixtures, furnishings and equipment, and construction administration.



This regional jail is a 10-building, 254,000 SF, 526-bed campus-style direct supervision detention facility located on an approximately 75-acre rural site. Concrete masonry walls, steel framing, and sloping metal roofs create a durable, secure group of buildings. State-of-the-art electronic controls, touch screen control consoles, and an electronic fence detection system enhance the security aspects of this regional jail. The complex was designed to be expanded by 200 additional beds.

MOSELEYARCHITECTS
moseleyarchitects.com

HENRICO COUNTY REGIONAL JAIL EAST



Special Management Unit



"Their performance on the Henrico County Regional Jail project has consistently been characterized by professionalism, production of high quality contract documents, adherence to time-lines, attention to budget, and responsiveness to the County's needs both during the design and construction phases."

Gary D. Senechal, P.E.
Former Capital Projects Coordinator
Henrico County Regional Jail

MOSELEYARCHITECTS
moseleyarchitects.com

Client:

Counties of Henrico, New Kent,
and Goochland, Virginia

This project includes housing for both male and female inmates in cell and dormitory configurations. Within the double-fenced electronically monitored secure perimeter are six housing units of masonry load-bearing construction with steel truss roof assembly with metal roofing. The program building is accessed by an outdoor boulevard with canopy, and contains vocational classrooms, library, gymnasium, medical/mental health facilities, dining/kitchen, laundry, central control, visitation, intake, and support services. A separate jail industries building provides vocational training, such as automotive repair, and the administration building supports staff and administrative functions.

The project makes use of pneumatic locking and touch screen security systems in a direct supervision management environment. Construction was accomplished with all parties participating in a partnering concept of construction management.

ROCKINGHAM-HARRISONBURG REGIONAL JAIL



Client:

County of Rockingham,
City of Harrisonburg, Virginia

Moseley Architects provided programming, an update of existing space needs assessment, architectural design, building engineering, and construction administration services for this new 98,000 SF, 328-bed local regional detention center for Rockingham County and the City of Harrisonburg.



Control Room at Housing Units

MOSELEYARCHITECTS
moseleyarchitects.com

The three-story detention center houses male, female, and juvenile inmates with minimum, medium, and maximum security classifications. The center contains all necessary services and programs including indoor/outdoor recreational activities, food service, laundry, canteen, medical, counseling, education, admissions, and segregation/isolation. Seventeen living units are also provided to break the population down into small manageable groups, as well as to provide for the proper classification and separation of detainees. The 30,000 SF main first floor contains the armory, muster room, employee lockers, showers and toilets, training room, secure evidence storage, records and archives, Investigations Division, Patrol Division, Civil Process, Dispatch, uniform storage, lineup and holding, inmate property storage (automated), booking, central control, and a vehicle sallyport.

ALLEGHANY SHERIFF'S OFFICES AND REGIONAL JAIL



Awarded Citation for Design by the American Institute of Architects Committee on
Architecture for Justice and Featured in the 2002-2003 *Justice Facilities Review*

MOSELEYARCHITECTS
moseleyarchitects.com

Client:

Alleghany County

City of Covington, Virginia

The County Jail, Sheriff's offices, Magistrate, and 911 Center are all housed in the new 37,000 SF building located in Covington, Virginia. The building is sited next to the historic Alleghany County Courthouse, the centerpiece of Covington's downtown, and replaces the 100 year-old jail. The design team of Moseley Architects was able to overcome several challenging site issues in the final building design to create a jail that compliments the Courthouse, and provides an entry plaza around the existing war memorial obelisk. Of great benefit to the County are the two-level interior connections between the new jail and the existing Courthouse.

The three-story building has a stepped back form, which softens the impact of the large mass on its frontage street. The building has a steel frame with masonry infill structure and steel and concrete floors. Granite, located from the same quarry as the granite on the existing Courthouse, and its unique pattern, was used on a portion of the jail veneer.

CHESTERFIELD COUNTY 154-BED REPLACEMENT JAIL



Client:

Chesterfield County, Virginia



Moseley Architects was commissioned by Chesterfield County to design a replacement facility for the previous jail located at the County Government Campus. The previous jail had outlived its useful life and lacked adequate control, foodservice, visitation, medical, storage and, program space. In addition, the housing configurations did not permit proper classification, segregation and observation of detainees. Conditions had become unsafe and with the support of the Virginia Department of Corrections, a replacement facility was planned.

The replacement facility is located on the previous jail site, which was expanded to adjacent county property. The detainee population had to be maintained during construction, hence a phased solution was developed that mitigated disruption yet maintained security and operations. Site restraints were numerous and in addition, utility locations were required prior to general construction. The previous facility, with the exception of an 96-bed minimum security unit ("C" Building), was demolished and removed.

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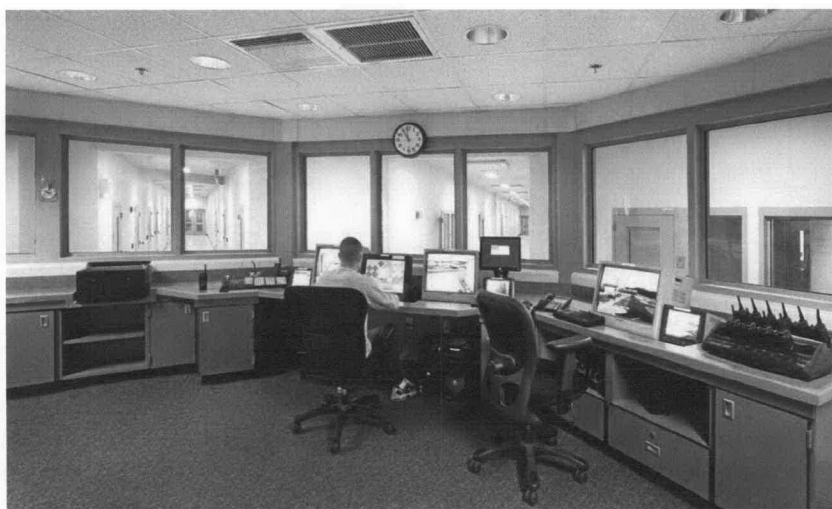
MIDDLE RIVER REGIONAL JAIL



Client:

Augusta County, Virginia
Verona, Virginia

The Middle River Regional Jail Authority comprises the jurisdictions of Augusta County, City of Staunton, and City of Waynesboro. The Planning Study for the Middle River Regional Jail was prepared by Moseley Architects and approved by the Virginia Department of Corrections.

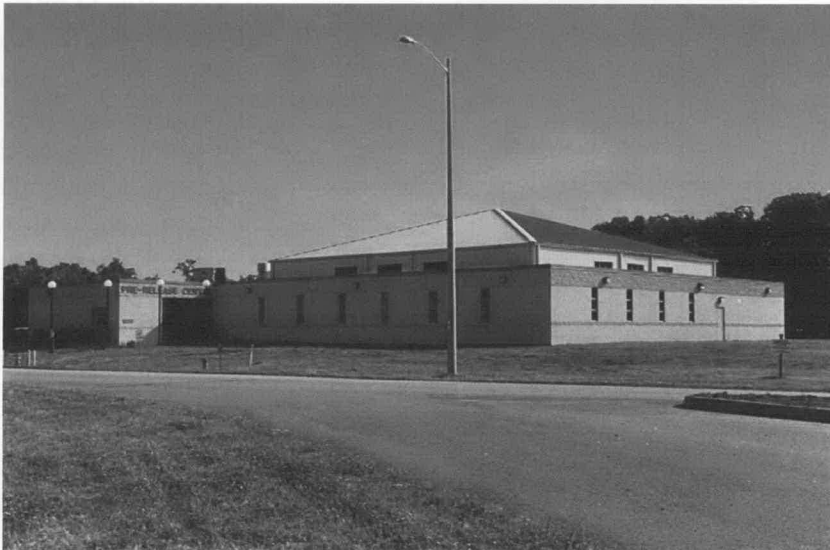


The jail was designed to serve a population of 436 men and women of various classifications including 40 for special management. The design included a core facility that serves a population of up to 578. The jail utilizes indirect supervision management and is a single floor structure with the exception of the housing pods, which are two levels.

The building area is approximately 212,020 square feet. The jail contains the following components: classroom area with teacher offices, kitchen area, an intake area with holding cells, vehicle sallyport, medical services with x-ray and dentist rooms, laundry, warehouse and administrative offices with armory and muster room. Other components include Classification Housing, Special Management Housing, and Community Corrections for weekend offenders.

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RIVERSIDE REGIONAL JAIL AND PRE-RELEASE CENTER EXPANSION



Client:

Riverside Regional Jail Authority,
Prince George County, Virginia

Moseley Architects was commissioned to build the expanded Riverside Regional Jail. The new section will add 480 beds to its existing facility, which brings the total number of General Housing cells up to 1,176. Minimum, medium, and maximum security cells will be provided, as well as visiting, educational and recreational areas. To achieve this increased number of cells, two new Housing Units, architecturally mimicking the existing hexagonal Housing Units, will be added at the western side of the Jail. Each of these Housing Units is subdivided into 5 pods, housing 48 inmates each, and contains educational, recreational, visiting and administrative areas. The design is based on the direct supervision approach.

Associated with this expanded facility is the Pre-Release Center. It is a minimum security dormitory style direct supervision component to the main jail facility. The Center is located in a separate building on the Riverside Jail property adjacent to the main jail. As result of an increased population, the Authority is expanding the existing 64-bed unit by 180 beds. The Pre-Release Center houses inmates assigned to work release and inmates in a therapeutic program that are nearing their release.

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BOTETOURT-CRAIG COUNTIES PUBLIC SAFETY BUILDING/JAIL



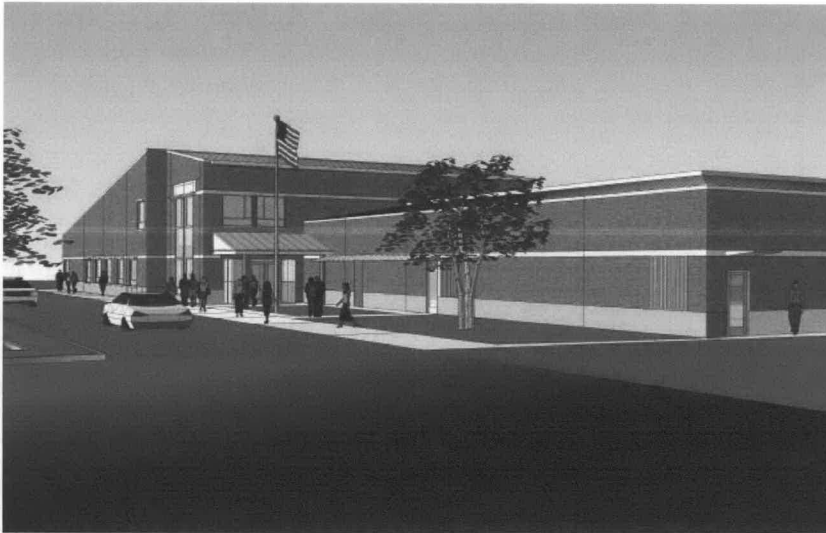
Client:
Botetourt and Craig
Counties, Virginia

Moseley Architects recently completed the Community-Based Corrections Plan and Planning Study, and was commissioned to build the new Botetourt-Craig Counties Jail. It serves both the pretrial detainees and the sentenced population of the participating jurisdictions by providing 136 secure beds. In addition, the facility houses the Sheriff's Office, Magistrate's Office and Emergency Services. The facility was aesthetically designed to blend with the existing architecture of the historic Town of Fincastle. The total gross floor area of the facility is 83,885 square feet, with 58,210 square feet dedicated for the regional jail's use.

The facility is two stories with access to the lower level from the north and the east side of the building and access to the upper level from the south side (Main Public and Staff Entry). The facility was designed to allow for future expansion of the jail to the southeast. Additional areas can be added in proximity to the general housing areas to easily expand the general population by a minimum of 56 beds, as well as providing for some programs and special purpose housing.

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AMHERST ADULT DETENTION CENTER



Client:
Blue Ridge Regional Jail
Authority

The Amherst Adult Detention Center will be the fifth facility operated by the Blue Ridge Regional Jail Authority.

Located in Amherst County, just a few miles east of downtown Lynchburg, the 170,000 square foot building will initially house 380 inmates with a core designed for 460. The facility will house both male and female inmates of various security levels and operate a work release housing unit. Five male units (32 beds each) will be operated under direct supervision.

With a project budget of \$50,000,000, the building will include a full service kitchen and laundry facility, a medical unit, intake and booking facility, magistrate offices, educational services as well as administration and support areas. Scheduled to open in December 2011, the building will be seeking LEED certification.

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NORTHERN NECK REGIONAL JAIL EXPANSION



"I am extremely pleased with the quality of our last expansion. One would be hard pressed to tell where the existing building ended and the new begins. I am confident in saying that our community has an attractive building to be proud of, one that protects the public and preserves the surrounding area without the menacing appearance of a typical jail."

"I could not have selected a better firm than Moseley Harris & McClintock (now Moseley Architects). They truly have the owner's interest at heart and will go the extra mile to ensure that all concerns and needs are met. Thus, ultimately resulting in an end product that is functional and well designed through forethought and planning."

Jeffrey Frazier,
Superintendent Northern Neck Regional Jail

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Client:
Northern Neck Regional Jail
Warsaw, Virginia

Nestled behind the Richmond County pines of eastbound U.S. Route 360 and moments before entering the growing Town of Warsaw, Virginia you may pass the Northern Neck Regional Jail before realizing it. It's modern "school type" curb appeal and soft nighttime lighting does not indicate to what lies behind the friendly public side elevation. The facility serves Westmoreland, Northumberland, and Richmond Counties, the Town of Warsaw as well as the U.S. Federal Government in its care of federally charged inmates on a per diem basis. The original facility, completed in 1995, (with an immediate 50 bed dormitory expansion September 1996) consisted of approximately 50,000 gross square feet and design rated capacity of 140 inmates. Average daily population, via double bunking, was 267 inmates with counts reaching as high as 296. Construction proceeded shortly thereafter with the result being a total expansion of approximately 28,000 SF.

Smaller renovation projects such as expanded / upgraded food services and a work-release facility were completed in 2008.

PIEDMONT REGIONAL JAIL



Client:

Piedmont Regional Jail Board
City of Farmville, Virginia

This 100-bed facility serves the Counties of Amelia, Buckingham, Cumberland, Prince Edward, Lunenburg, and Nottoway, and contains maximum, medium, and minimum security adult males, females, and juveniles. A "design/build" construction approach was utilized. Our firm provided architectural and engineering services, including site orientation, schematic design, design development, working drawings, specifications, cost estimates, construction administration, record drawings, and approval by the Virginia Department of Corrections.

The project consisted of concrete masonry bearing walls with precast roof structure. Interior partitions are concrete masonry units in inmate areas and drywall partitions in administrative areas. Expansion was considered in the design.

The project was selected by the American Institute of Architects Exhibition on Architecture for Justice featuring "exemplary criminal justice designs" and was selected by the Virginia Department of Corrections as a guideline to localities for the design of functional, staff efficient, and cost effective jails.

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CITY JAIL RENOVATIONS, ALTERATIONS, & EXPANSION



Existing Norfolk City Jail (renovated) with 300-bed Addition



300-bed Jail Addition with City Hall in Background

"Resources were limited because of the unpopular nature of spending citizen tax dollars on jail construction . . . The City of Norfolk will realize a 300-bed jail addition that is an efficient and economical use of the taxpayer's money and an asset to the Civic Center in downtown Norfolk . . . They produced a design that completely meets the needs of our programs."

Christopher J. Smith
Senior Architect, City of Norfolk

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Client:

City of Norfolk, Virginia
Department of Public Works

The project was done under an emergency funding, "fast track" approach that involved a 60-bed addition for minimum security and work release inmates. Construction began within three months of authorization to the architects to proceed with design. Midway through construction, the Sheriff decided to change the areas to medium security. The second phase of the project involved renovation of the first through fourth floors of the existing Public Safety Building. Through selective demolition and scheduling, four floors were renovated to add a total of 191 inmate beds in cells and dormitories. An additional component of this project consisted of the construction of an 8-story, high rise infill jail addition, which provides a 121,712 SF, 317-bed addition to the existing Public Safety Building. The addition included medium and maximum security housing. Renovations included the existing fourth floor kitchen, dining and support areas located in the existing jail. The work further included consolidation of mechanical and electrical utilities to the jail addition, removal of the existing equipment from the jail basement, site development of walks, parking, drives, site utilities, site demolition work, soil replacement, and distribution piping system.

CITY JAIL EXPANSION, RENOVATIONS, & IMPROVEMENTS



New 25-bed dormitory

Client:

City of Richmond, Virginia
Department of Public Works

Renovations: Initiated in 1989, this project involved an analysis of the existing cell locking system at the jail. Moseley Architects was retained by the City to prepare a study and make recommendations with regard to upgrading or replacement. After detailed analysis, on-site investigation, and cost comparison, we recommended that the systems be replaced. The scope of work was expanded to five different projects comprised of replacement of 288 sliding cell door locking devices with electronic controls; an upgrade of lighting; an upgrade of the plumbing system; installment of bullet resisting glass; and design of fire alarm/smoke detection system.

Emergency Expansion: Faced with a court order to expand the existing jail by 100 beds, the City examined options including "stick-built" modular units, design/build, and conventional construction. Despite severe budget limitations, the need could best be met with conventional, durable construction using a "fast track" approach. Four 25-bed pods were clustered around a central monitoring location. Visitation and attorney interview areas were expanded to offset deficiencies in the existing jail.

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CITY JAIL EXPANSION, RENOVATIONS, & IMPROVEMENTS



Non-Contact Visitation



Emergency expansion

Client:

City of Richmond, Virginia
Department of Public Works

Continued Expansion:

Picking up where the 100-Bed Expansion left off, Moseley Architects studied a number of options for expanding the jail, including adding a high-rise tower on the present jail site and building a satellite facility across 17th Street. A multi-phase expansion project was considered and master-planned. Design work began soon thereafter on the first part of the expansion, the 300-bed addition.

The Community-Based Corrections Plan and the Planning Study completed by Moseley Architects was approved by the Commonwealth of Virginia Board of Corrections in 2009. This approval is a critical step in obtaining up to 25% reimbursement for construction costs from the Commonwealth of Virginia

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CITY JAIL PLANNING, RENOVATIONS, AND EXPANSION



Client:

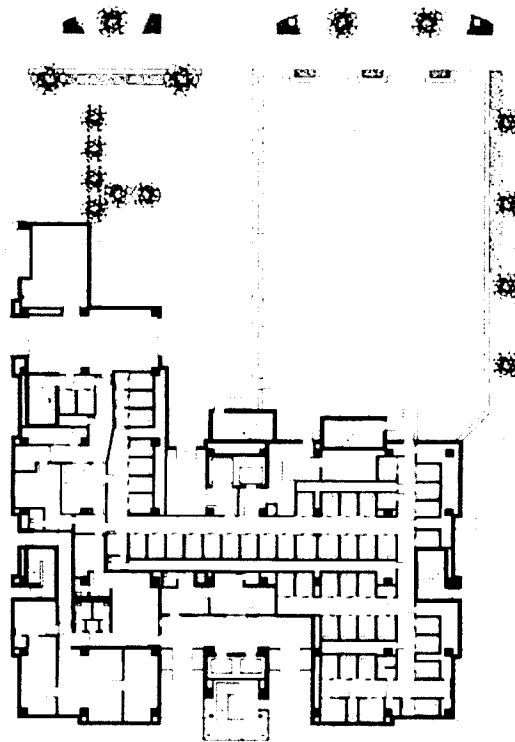
City of Newport News, Virginia

This project was initiated by a Needs Assessment and Planning Study. With the vacancy created by the departure of the Police Department, the existing second and third floors were renovated to provide 50 additional beds plus support spaces, including classification offices and cells, as well as offices for the Sheriff's staff. All inmate lighting was brought up to state standards. A new seven-story glass enclosed emergency fire exit stairway was added, along with other new exits for life safety. New control systems were added including upgrade and expansion of central control.

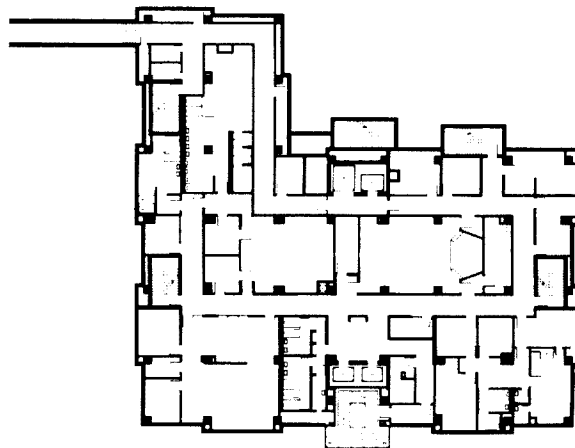
On the seventh floor, existing inmate rooms were converted into cells with sliding door mechanisms for additional lock-down capability. Also, additional doors were added to meet the "sight and sound" separation required for juveniles. The second floor space previously occupied by the Police Department was modified for use by the Sheriff's Department. The control room, which also serves as a reception area, contains television monitors and bullet-resistant glazing. A new women's locker room was added while the men's facility was completely renovated.

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CITY JAIL PLANNING, RENOVATIONS, AND EXPANSION



First Floor Plan



Second Floor Plan

Client:

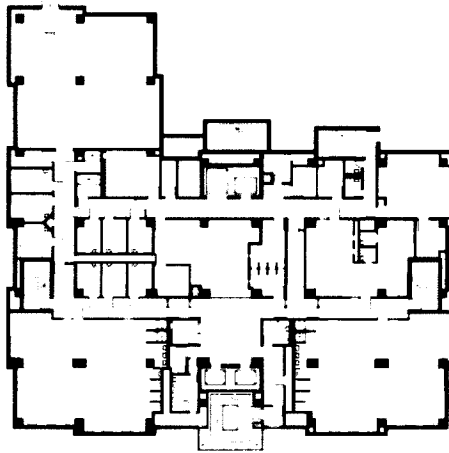
City of Newport News, Virginia

A new outside exercise yard was designed and incorporated with improved security for the vehicle sallyport and commercial deliveries. The exercise yard was lighted to allow night recreation, with search areas provided at the door of the yard. New installations had to match existing custom brick, terrazzo, and limestone finishes. The project was completed with minimum disruption to the facility's operation and was under budget.

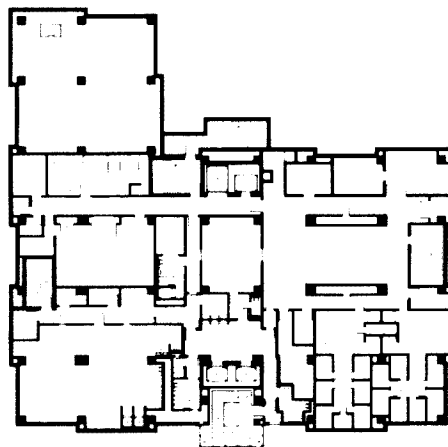
The next phase involved the expansion of the Public Safety Building to include the Chief Magistrate's office. The program called for total rearrangement and redesign of the Magistrate's area. The hearing room was designed as a "mini-courtroom" complete with raised armored bench, duress system, and wood bench seats. This room, the two Magistrate's offices, and the secretary's area have connections for computer networking. One office includes provisions for video arraignment. The expansion of the Magistrate's area claimed the existing access ramp, requiring the addition of a new ramp at the main entry. The ramp design includes limestone facing and custom aluminum railing, and required modification of existing fire department service connections.

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CITY JAIL PLANNING, RENOVATIONS, AND EXPANSION



Third Floor Plan



Fourth Floor Plan

Client:

City of Newport News, Virginia

Also included is a staff break room with extensive custom casework. The secretary sits in the open waiting area and is surrounded by custom casework. The secretary also controls entry into the Magistrate's area via an electric latch and direct observation of those desiring entry. Additional wood bench seating in the waiting space, like that in the hearing room, is modified from an available stock of unused courtroom seating. Seating for the adjacent jail lobby is coated wire, chosen to minimize impact on aesthetics of the space. To unify floor finish, remaining patches of terrazzo were removed and all new terrazzo poured.

Construction of this project involved connections with several security systems in an operating jail and coordination and cooperation with the Sheriff's Department. For the Sheriff, a new processing space, also with custom casework, was designed between the Magistrate's area and booking/intake area. The final phase of the project involved the conversion of the building for Juvenile, Domestic and Adult (Family) Court use.

These complex renovations and expansions were performed without undue burden to the operations of the existing jail.

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MAXIMUM SECURITY JUVENILE CENTER



Client:

Virginia Dept. of Juvenile Justice
Culpeper County, VA

This project began with our firm master planning a previously undeveloped site adjacent to a Virginia Department of Corrections' facility. The facility is unique because of the co-location of the 225-bed juvenile correctional center and a 50-bed local detention center on the same site, and within the same secure perimeter. The approach results in economy of scale and allows for some centralization of necessary services. Most importantly, it allows for some elimination of duplication; for example, one kitchen, one laundry, one warehouse/maintenance area, one perimeter fence system, one fire alarm system, and one parking lot. It was also considered important that the design be configured so the detention center could be eliminated from the project without requiring major redesign of the correctional center. This would allow the design to be site adapted at other locations within the state where a detention center might not be needed.

Because of the size of the facility (275 beds), it was considered desirable to break the complex down into essentially three living unit zones, each with separate movement paths and entry points to programs and services.

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BLUE RIDGE JUVENILE DETENTION CENTER



Client:
Blue Ridge Juvenile
Detention Commission



Awarded Citation for Design Excellence by the American Institute of Architects
Committee on Architecture for Justice 2003

Our firm was commissioned to complete a Program Design and Planning Study with schematic design for a new facility planned for the County of Albemarle and City of Charlottesville due to their need to withdraw from the Shenandoah Juvenile Detention Home. This created the Blue Ridge Juvenile Detention Commission.

The facility contains 40 beds (4-10 bed pods) and is designed per current Department of Juvenile Justice standards. The design is such that a future 40-bed unit can be added with required expansion of recreation, dining, kitchen and administration. In addition to educational space, the project includes a medical area, contact and non-contact visitation, intake, laundry, staff/administration offices and outdoor/indoor recreation.

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SHENANDOAH VALLEY JUVENILE DETENTION CENTER



Client:
Shenandoah Juvenile
Detention Commission

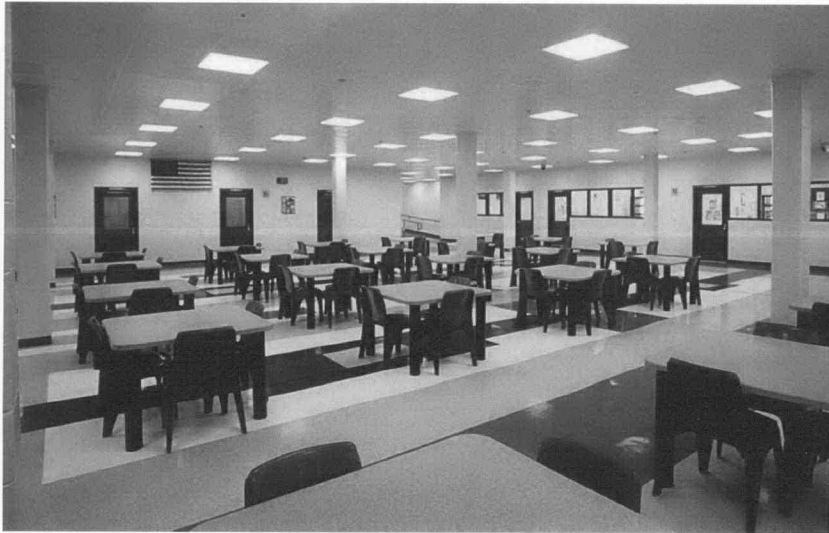
Approved by the Virginia Department of Juvenile Justice May 12, 1999, this 50-bed juvenile detention home is designed for a future expansion to 80 beds. The center is located at the Augusta County, Virginia Governmental Complex.

The design of a new home provided the opportunity to arrange spaces in such a manner that the facility is efficient for staff to operate. This was accomplished by optimizing spacial adjacencies and reducing circulation corridors. The center's exterior takes its cues from the surrounding rural vernacular.

New housing is grouped along a central corridor, under direct observation by the control room, in five 10-bed housing units with dayroom activity space. Classrooms are grouped central to the facility and are accessible from the housing units from the central corridor. Intake, Medical Services and Visitation are located in proximity to the control room which has visual observation of the public lobby.

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JUVENILE DETENTION CENTER



Client:
Chesterfield County, VA

Designed to serve the County of Chesterfield and the City of Colonial Heights for the next 15 years, the Chesterfield Juvenile Detention Center is a combination of new construction and renovation of existing buildings in accordance with the requirements of the Department of Juvenile Justice. The home is a secure detention facility using a fully integrated PLC based touch screen controlled security system with a pneumatic detention locking system.

The new construction provides 90 beds grouped into three separate housing units of 30 beds each. Within each housing unit are 10 bed pods with individual dayroom space and a central activity space. The remaining new construction provides a new intake area, central control room, a central corridor linking the housing areas to the remaining areas of the home and staff support areas. The new construction is infill in nature and connects the existing detention home and an adjacent juvenile courts building that are being renovated for use by the detention home.

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JUVENILE DETENTION CENTER



Computer Model of Expanded Facility

Client:
Chesterfield County, VA

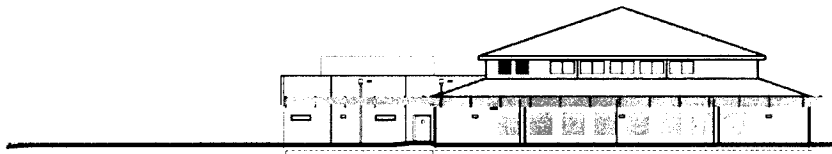
The existing detention center renovation provides an enlarged food service and dining area, a medical area and administrative offices. The court building, which was vacated, provides educational, program, and visitation space. Administrative offices also reside in this building for use by related youth departments.

The home is designed to compliment the brick veneer of the existing buildings. Gable shingled roofs create a suitable context and relationship to existing shingle roofing on the original home and multi-family housing that exists in close proximity to the project site.

The home is designed for a future housing unit thereby increasing the occupancy to 120 beds. Construction was phased in nature, thereby permitting the existing home to remain operational.

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JUVENILE DETENTION CENTER PHASE II EXPANSION



East Elevation at Housing Addition

Client:

Prince William County, VA

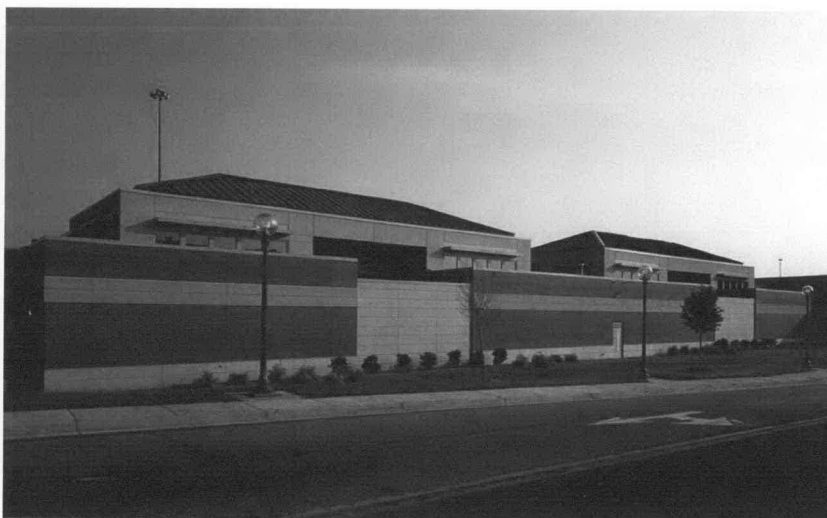
This project involves the expansion of the County's existing juvenile detention center. The new addition is located in the area generally north of the recently completed Phase I expansion. Access to the new addition is from an existing corridor located between the original bedroom area and the Phase I expansion. So staff and occupants can access the Phase II expansion without disrupting occupants in the original housing area, a corridor through the courtyard was proposed.

The housing is segregated into one 16-bed unit and two 8-bed units. Bedrooms are about the perimeter facing directly to the dayrooms with support spaces, such as showers, time-out, and control, generally in the center. By placing the control room in the center of the housing expansion, sight lines are maintained not only along the entrance corridor, but into each housing unit.

Renovation of the existing administration area provides for contact and non-contact visitation, video arraignment, required staff amenities public toilet, copy/work room, and occupant property storage.

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JUVENILE DETENTION CENTER EXPANSION



Client:

City of Newport News, VA

Located in downtown Newport News at the corner of Huntington Avenue and 25th Street, this 71,300 SF facility involved unique design challenges as a result of physical site constraints and zoning regulations. The project will provide 110 beds for juvenile offenders (pre- and post-dispositional) of the cities of Newport News and Hampton.

To accommodate parking requirements, a multilevel parking garage along Huntington Avenue has been incorporated into the design. All natural light is via clerestory windows. This not only contributed to the building blending with adjacent business structures, but also obstructs visual contact between the juveniles and the public. Outdoor recreation yards have also been strategically placed and screened by the building's massing so that there are no sight lines between the public and the juveniles.

The housing areas are designed into 10-bed units with an outdoor recreation area for each two units. Seven classrooms grouped central to the building provide for the learning needs of the juveniles.

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JUVENILE DETENTION CENTER AND JUVENILE & DOMESTIC RELATIONS COURT



Client:
City of Richmond, VA

This multi-service facility accommodates a variety of juvenile court activities, including secure residential detention, juvenile probation, and all family court hearings. Residential functions take place in a free-standing juvenile detention facility, with all court-related functions located in a separate courts/offices structures.

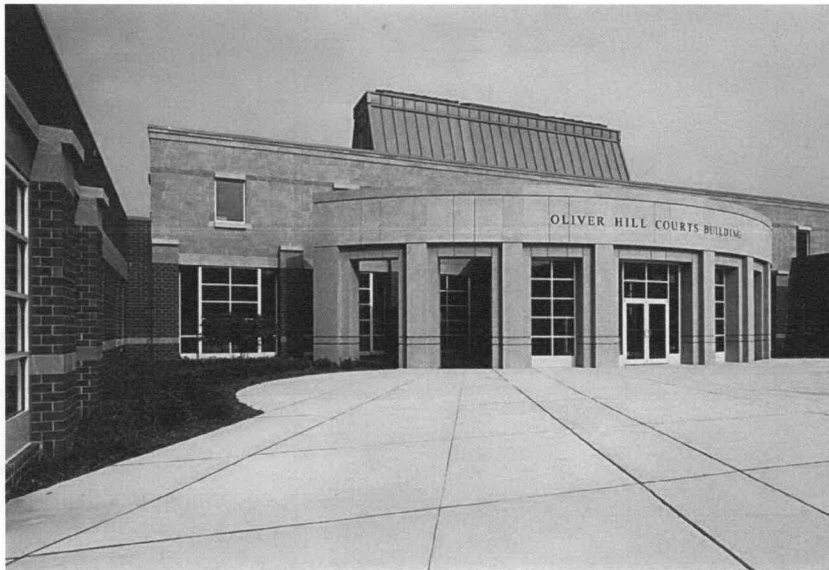


The residential portion provides complete housing and activities areas for a total of 60 juveniles in approximately 40,000 SF. Housing units, each designed for 10 youths, provide small sleeping and living accommodations so that staff are able to manage and work with residents. Bedroom windows orient to internal portions of the site to eliminate contact with the public. Each pair of housing units shares an outdoor courtyard which expands the living areas and permits small group activities.

All housing units are arranged along one side of an interior pedestrian avenue, with education, recreation, and outdoor activity spaces located along the opposite side.

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JUVENILE DETENTION CENTER AND JUVENILE & DOMESTIC RELATIONS COURT



Client:

City of Richmond, VA

Space programming, site alternatives analysis, master planning, architectural design and production, interior design, engineering, and construction administration were provided for this facility containing a 44,000 SF new courts facility and a 41,000 SF, new 60-bed detention center.

The high ceilinged waiting area utilizes clearstory windows to provide abundant natural light in the space. This makes an efficient, double-sided corridor arrangement possible while avoiding the dark, windowless interior space that usually results from such an arrangement. The resulting bright and airy waiting space provides a more comfortable environment, which can help to reduce the tension which many people feel as they wait for their appearance in court.

This project has recently been selected for inclusion in the American Institute of Architects' annual nationwide exhibit on Architecture for Justice.

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GREEN ROCK CORRECTIONAL CENTER



Client:
Virginia Department of
Corrections
Location: Pittsylvania County,
Virginia

The Virginia Department of Corrections and Centex Moseley, LLC, executed a contract for the design and construction of a 1,024 bed celled facility located adjacent to the Chatham Men's Diversion Center in Pittsylvania County. The facility houses medium security inmates. The structures are single story, with a mezzanine in the housing units. Total building area is approximately 230,000 square feet. The facility includes four housing buildings, maintenance/warehouse building, administration building, and a programs building with space for academic and vocational classrooms, medical and areas, gymnasium, intake, visitation, and a food service area. A space within the fence was reserved for potential future construction of an industries building.

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SUSSEX MAXIMUM SECURITY PRISONS NOS. I AND II



Pod Control Room

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Client:

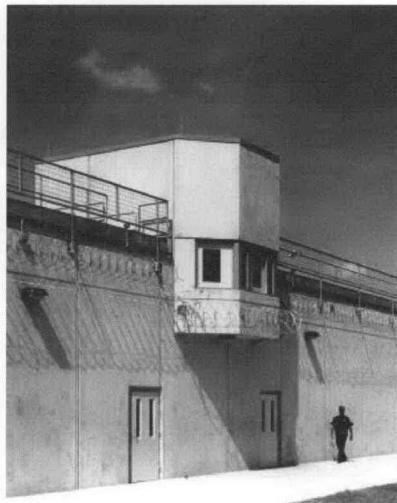
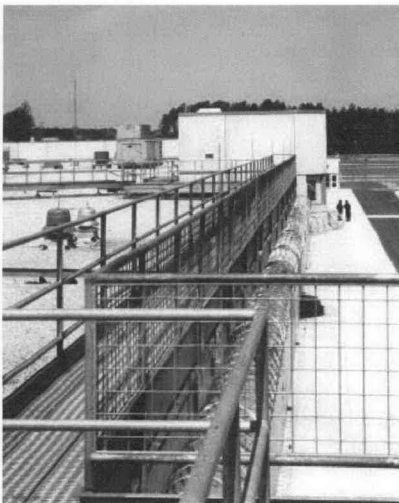
Virginia Dept. of Corrections
Sussex County, VA

Within the 368,821 SF Maximum Security Institution, No. I, there are two 4-level housing buildings containing eight housing units each, a support building with attached punitive segregation wing, and reception building. There are 718 cells, however, the core facilities are designed to handle 1,200 inmates after double bunking. Guard towers are used for observation of the entire site and to aid the reception building in monitoring the vehicle sally-port. The administration building supports the institution with non-secure duties, including accounting and supervision, acts as situation control for problems, and processes visitors. The warehouse and maintenance buildings serve the needs of the institution on a daily basis, as well as maintaining the buildings and grounds, and there is a power plant building outside of the security fence, which is designed to serve this campus and the adjacent Maximum Security Institution No. II.

SUSSEX MAXIMUM SECURITY PRISONS NOS. I AND II



Typical Housing Unit



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Client:

Virginia Dept. of Corrections
Sussex County, VA

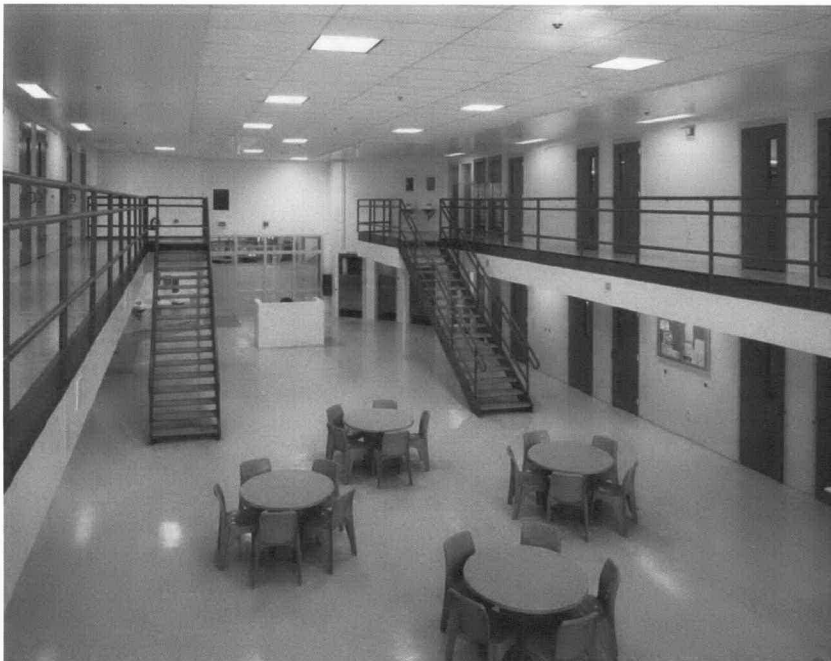
Prior to beginning design of the Sussex Maximum Security No. I, the our firm was commissioned by the Department of Corrections to master plan the entire 545-acre site. The challenge was to lay out the campuses on a parcel of land laden with tidal wetlands.

The task was achieved without disturbing sufficient acreage of wetlands to require exhaustive and costly Corps of Engineers' permitting.

The 346,697 SF Maximum Security No. II is a site adaptation of the Sussex Maximum Security No. I on an adjacent parcel of land owned by the Virginia Department of Corrections.

Once the General Assembly funded the second campus, the Department of Corrections gave direction to quickly proceed with the site adaptation of Institution No. II. The campus is essentially identical to Institution No. I. The orientation of space is identical so that officers working in one institution can easily adapt to working in the other. The two campuses share a central power plant and maintenance building.

FLUVANNA CORRECTIONAL CENTER FOR WOMEN



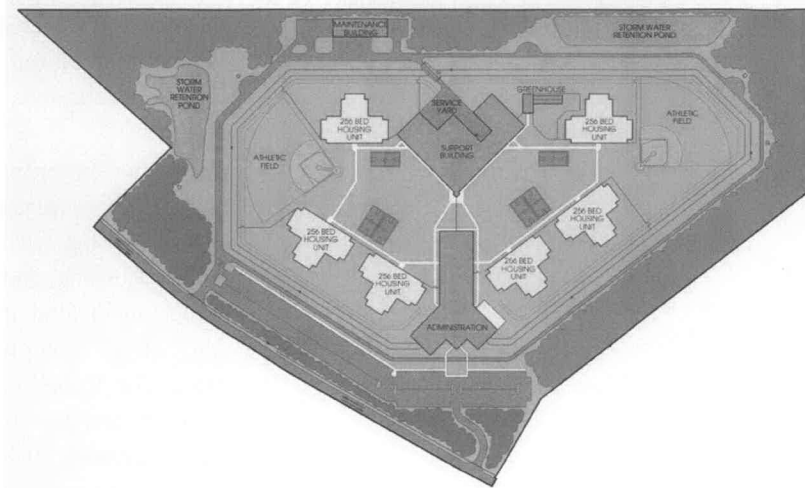
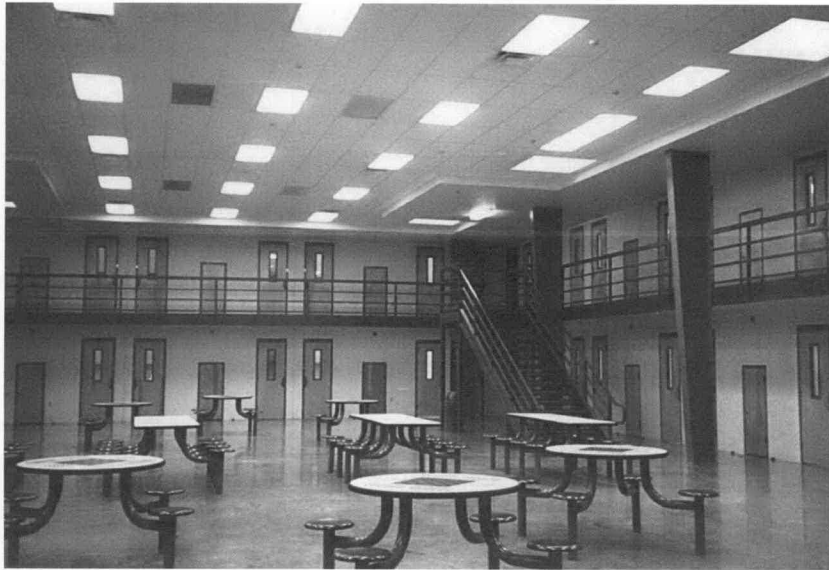
Client:
Virginia Dept. of Corrections
Troy, VA

This project was a joint venture with HOK Architects. The project site is located east of Charlottesville on U. S. Route 250, on an old road camp site owned by the State. Although a large facility of 406,500 GSF, the eleven buildings are tightly grouped around a central courtyard, requiring only 35 acres of campus within the perimeter security fence.

The Owner was originally considering dormitory type housing, but the design team was able to deliver four housing units providing 896 beds in "dry" cell rooms within the project budget. Another 458 beds are provided throughout the facility for Reception, Segregation, Medical, and Mental Health functions, bringing the total facility capacity to 1,354 beds.

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LAWRENCEVILLE CORRECTIONAL CENTER



Client:

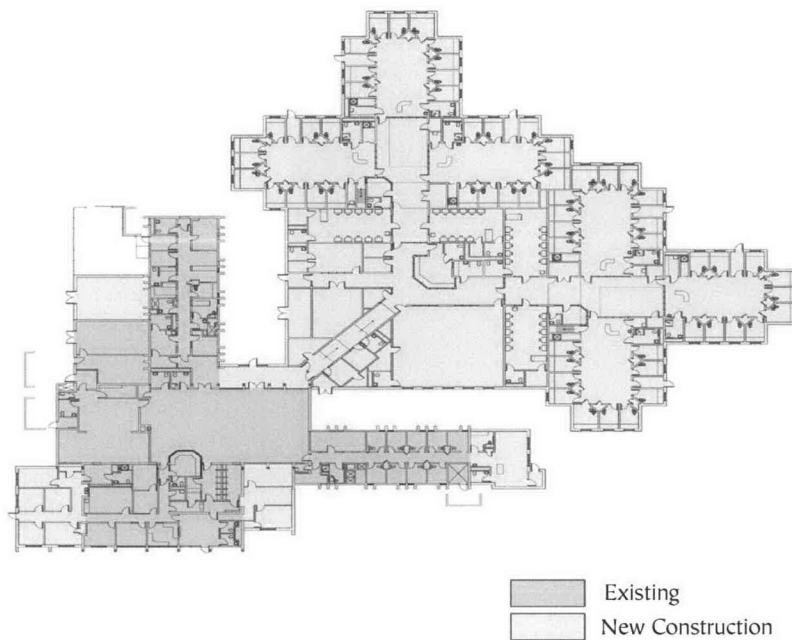
Industrial Development Authority
of Brunswick County, VA

This 1,500-bed, medium security facility has the distinction of being the first private prison opened in the State of Virginia. The project utilized a design-build approach, including among the team members, a developer, a contractor, a correctional services provider, architects, engineers, and financial and legal counsel.

Our firm, in association with Arrington Watkins Architects, provided architectural services, including preliminary site planning, schematic design, construction documents, construction administration, and record drawings. The completed project has a building area of 347,855 SF, and consists of six housing units (all celled); an administration building containing visitation, isolation/segregation area; recreation space including two full-size gymnasiums/multipurpose rooms; a support building containing dining; vocational and educational facilities; commissary; library; laundry; medical areas; a greenhouse and classroom building to support a horticultural program; and a warehouse.

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CRATER DETENTION HOME EXPANSION



Client:

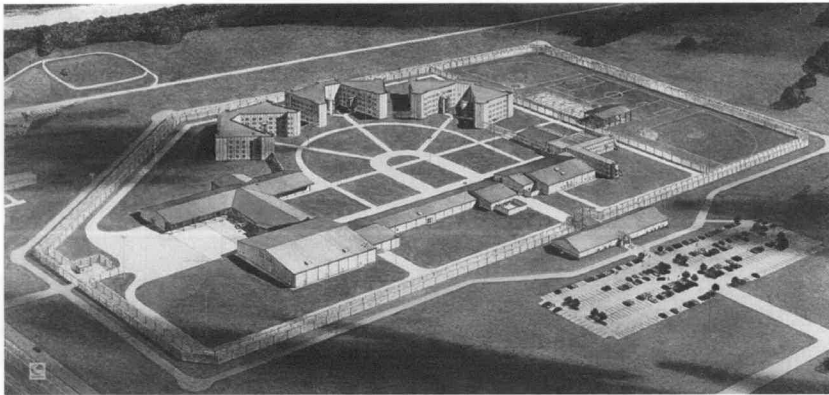
Crater Youth Care Commission
Prince George County, VA

This regional detention home, designed by our firm, serves four counties and three cities of the Crater Planning District. The home was originally designed for 22 boys and girls. As a result of increased population, the need for 70 beds was documented and approved by the Department of Juvenile Justice (DJJ) in 1997. Our firm prepared the planning study thereby securing funding from DJJ for capital and operational costs.

With the exception of one existing 10-bed wing, the majority of the housing will be in two 30-bed housing pods that are further subdivided into 10-bed units about a central activity space. The 10-bed units are the most efficient for staffing (1:10 ratio), provide flexibility for classification and segregation of various juvenile profiles, and are safe environments for staff and juveniles. Educational spaces are integrated into the housing units so as to limit juvenile movement. Other spaces in the new construction include a central control with an adjacent intensive watch room, a library, interview rooms, indoor recreation, laundry, and a space for video court appearances.

MOSELEYARCHITECTS
moseleyarchitects.com

FEDERAL CORRECTIONAL INSTITUTION



Client:

U.S. Dept. of Justice,
Federal Bureau of Prisons
Petersburg, VA

Located between the cities of Petersburg and Hopewell, Virginia, the Petersburg Federal Correctional Institution lies on a 44.04 square hectare site, and is operated by the Federal Bureau of Prisons. The project is a joint design-build project between Hensel Phelps Construction Company of Chantilly, Virginia, the lead team member, and our firm.

The facility is constructed on the same site as the existing low security Petersburg Federal Correctional Institution which was originally built in 1933. The new facility was designed with buildings positioned in a campus plan arrangement with related site utilities and site development. The correctional institution contains 864 cells and houses approximately 1,150 inmates. The facility will have a gross building area of approximately 51,360 square meters.

Each building within the facility is a single-story structure, with the exception of three General Inmate Housing buildings that contain four levels each, and the Special Inmate Housing unit which contains two levels.

MOSELEYARCHITECTS
moseleyarchitects.com

S. CARY GILL, AIA, LEEDAP, VICE PRESIDENT

With 40 years of experience, Cary directs Moseley Architects' justice studio, which specializes in correctional, public safety, and judicial architecture. Cary combines national criminal justice experience with knowledge of specific local requirements. For eight years, Cary served as Chief Architect, Manager, and Capital Outlay Director of the Virginia Department of Corrections. In that capacity, he was responsible for the design and construction of all prisons in Virginia, as well as the review and approval of all local jails. Cary was one of three private sector members that assisted the Virginia Department of Corrections in rewriting their standards. In addition, Cary is a certified auditor of the American Correctional Association, and a member of the ACA, the American Jail Association, the Virginia Association of Regional Jails, the Virginia Correctional Association, the National Juvenile Detention Association, and Virginia Sheriff's Association.

Representative Experience

- Renovation of Administrative Activities Building — Virginia Department of Behavioral Health and Development Services
- State Correctional Institution, Benner Township, Pennsylvania — [Hensel Phelps](#)
- Federal Correctional Institution, Hazelton, West Virginia — [Hensel Phelps](#)
- Federal Correctional Institution, Petersburg, Virginia — [Hensel Phelps](#)
- Federal Correctional Institution, Butner, North Carolina — [Hensel Phelps](#)
- Navy Joint Regional Correctional Facility, United States Navy
- Sussex Maximum Security Institutions Nos. I & II, Sussex County, Virginia
- Green Rock Correctional Center, Pittsylvania County, Virginia
- Pocahontas Correctional Center, Tazewell County, Virginia
- Mt. Rogers Correctional Center, Grayson County, Virginia
- Deerfield Correctional Center Expansion and Renovation, Capron, Virginia
- Meherrin River Regional Jail, Brunswick County, Virginia
- Henrico Regional Jail East, New Kent County, Virginia — [Hensel Phelps](#)
- Richmond City Jail Addition, Richmond, Virginia
- 154-Bed Replacement Jail, Chesterfield County, Virginia
- Botetourt-Craig Counties Public Safety Building and Jail, Fincastle, Virginia
- Alleghany Regional Jail and Sheriff's Office, Covington, Virginia
- Blue Ridge Regional Jails, Amherst and Halifax Counties, Virginia
- Meherrin River Regional Jail, Brunswick County, Virginia
- Newport News City Jail Renovations, and Expansion, Newport News, Virginia
- Norfolk City Jail Renovations, Alterations, and Expansion, Norfolk, Virginia
- Riverside Regional Jail 480-Bed Expansion, City of Hopewell, Virginia
- Northern Neck Regional Jail Addition, Warsaw, Virginia
- Piedmont Regional Jail, Farmville, Virginia
- Rockingham-Harrisonburg Regional Jail, Harrisonburg, Virginia
- Middle River Regional Jail, Verona, Virginia
- Bland Correctional Center Segregation/Isolation Building, Bland County, Virginia
- Fluvanna Correctional Center for Women, Fluvanna County, Virginia
- Open-end Contract for A/E Services — Various Projects, Virginia Department of Corrections

Education:

B.A./Architecture

Registrations:

*Licensed Architect in the
following states: VA, NC, TN,
WV, LA*

NCARB

LEED Accredited Professional

TAYLOR M. MUNIZ, AIA, LEEDAP, VICE PRESIDENT

Taylor has almost 30 years of experience in architectural design and specializes in correctional facility design. Services he has provided include management, plan development, contract bidding and award, construction and post construction phase management, construction administration for multiple bid package contracts, supervision of construction management staff, and claims control. He has proven to be a highly effective Project Manager providing coordination of all A/E requirements, including integration of the design, engineering, and specialty consultant deliverables into the construction documents for large complex prison projects.

Representative Experience

- Renovation of Administrative Activities Building — Virginia Department of Behavioral Health and Development Services
- State Correctional Institution, Benner Township, Pennsylvania — [Hensel Phelps](#)
- Federal Correctional Institution, Hazelton, West Virginia — [Hensel Phelps](#)
- Federal Correctional Institution, Petersburg, Virginia — [Hensel Phelps](#)
- Federal Correctional Institution, Butner, North Carolina — [Hensel Phelps](#)
- Navy Joint Regional Correctional Facility, United States Navy
- State Correctional Institution, Benner Township, Pennsylvania
- Sussex Maximum Security Institutions Nos. I & II, Sussex County, Virginia
- Green Rock Correctional Center, Pittsylvania County, Virginia
- Pocahontas Correctional Center, Tazewell County, Virginia
- Mt. Rogers Correctional Center, Grayson County, Virginia
- Deerfield Correctional Center Expansion and Renovation, Capron, Virginia
- Meherrin River Regional Jail, Brunswick County, Virginia
- Middle River Regional Jail, Verona, Virginia
- Halifax County Jail Planning Study, Halifax County, Virginia
- James River Correctional Center, Powhatan County, Virginia
- Riverside Regional Jail 480-Bed Expansion, City of Hopewell, Virginia
- Fluvanna Correctional Center for Women, Fluvanna County, Virginia
- Richmond City Jail Planning Study, Richmond, Virginia
- Open-end Contract for A/E Services — Various Projects, Virginia Department of Corrections
- Juvenile Detention Center, Loudoun County, Virginia
- Police Headquarters, City of Richmond, Virginia
- Public Safety and Circuit Court Building, Spotsylvania County, Virginia

Education:

B.A. / Geology

M.A. / Architecture

Registrations:

*Licensed Architect in the
following states: PA, VA, NC,
WV, ID, UT*

NCARB

LEED® Accredited Professional

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WILLIAM G. PORTER, PE, DBIA, VICE PRESIDENT

Bill Porter has served as a principal, project manager, project engineer, and mechanical engineer for the design of corrections facilities, courthouses, law enforcement, and other public safety buildings. In 2009, Bill was appointed by Virginia's Board of Corrections as one of the three members of the Architectural / Engineering Community to amend and update the state's jail standards. Thirty years ago, Bill's first correctional client was Cary Gill, while Cary was working for the Virginia Dept. of Corrections. Since then, Mr. Porter's relationship with Moseley Architects has expanded through joint projects on several major correctional projects including the tower expansion and renovations at the Norfolk City Jail, the Southside Regional Jail, and the Northwest Regional Jail Additions. Bill has managed design for 5 major correctional projects with Hensel Phelps serving as Design-Builder.

Representative Experience

- State Correctional Institution, Benner Township, Pennsylvania — Hensel Phelps
- FCI Design, Hazelton, West Virginia — Hensel Phelps
- Regional Correctional Facility Design, United States Navy, Chesapeake, Virginia
- Rivers Correctional Institution Design, GEO Owned and Operated for FBOP, Winton, North Carolina— Hensel Phelps*
- FCI & FPC Design, Mendota, California*
- FCI & FPC (Civil and MEP) Design, Bennettsville, South Carolina — Hensel Phelps*
- Adult Detention Center Phase II Design, Loudoun County, Virginia — Hensel Phelps*
- FCI & FPC (Civil and MEP) Design, Williamsburg County, South Carolina — Hensel Phelps*
- USP & FPC Design, Tucson, Arizona*
- FCI UNICOR Fit-Out Design, Herlong, California*
- Northwest Regional Jail & Juvenile Detention Center Planning Studies and Designs for 3 facilities, Winchester Virginia*
- St. Brides Correctional Facility (800 bed) Design, Phase II, Chesapeake, Virginia*
- USP, FPC & Firing Range Design, Lee County, Virginia*
- FCI, FPC, and Training Facility Design, Cumberland, Maryland*
- Cellhouse Design, USP Marion, Illinois*
- Western Correctional Institution Master Plan, Housing Design & Site Design, Cumberland, Maryland*
- Detention Center Expansion and Renovation Design (MEP), Lawrenceville, Georgia*
- Kane County Adult Detention Center Planning and Design, Geneva, Illinois*
- Western Virginia Regional Jail, Salem, Virginia*
- Regional Correctional Facility Design, US Army Corps of Engineers, Leavenworth, Kansas*

Education:

B.S. / Business Administration;

*B.S. / Engineering, Science,
Mechanics & Materials*

Registration:

*Professional Engineer in the
following states: PA, AR, AZ,
CA, DE, GA, IL, IN, KS, KY,
MD, MI, MS, NH, OH, SC,
TN, UT, VA, WA, WV*

NCEES

*Projects performed while with a previous employer

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JEFFREY S. O'BEIRNE, PE STRUCTURAL ENGINEER

Jeff has over 17 years experience in structural engineering. He is experienced with new construction as well as various rehabilitation and restoration projects. Jeff will lead the structural engineering team in the implementation, production, timely coordination, and completion of all structural elements of your project. Close coordination between the architect and the structural engineer from project conception through final design is a key to this success. Under Jeff's direction, our structural engineering staff provides cost effective design solutions for a variety of structures and building types.

Representative Experience

- Renovation of Administrative Activities Building — Virginia Department of Behavioral Health and Development Services
- State Correctional Institution, Benner Township, Pennsylvania — [Hensel Phelps](#)
- Blue Ridge Regional Jail — Amherst Facility, Amherst County, Virginia
- Federal Correctional Institution, Hazelton, West Virginia — [Hensel Phelps](#)
- Mt. Rogers Correctional Center, Grayson County, Virginia
- Gloucester County Jail Expansion and Renovations, Gloucester County, Virginia
- Riverside Regional Jail 480-Bed Expansion, City of Hopewell, Virginia
- Riverside Regional Jail 180-Bed Pre-Release Center Expansion and Maintenance Facility, City of Hopewell, Virginia
- Young-Laine Courts Facility, Isle of Wight County, Virginia
- J&DR Court Building Expansion, City of Charlottesville, Virginia
- Courts Facility, City of Portsmouth, Virginia
- District Courts Building, Shenandoah County, Virginia
- Fire Station 13 Expansion, Henrico County, Virginia
- McLean District Police Station and Governmental Center, Fairfax County, Virginia
- Public Safety Building, Spotsylvania County, Virginia
- Police Station and City Hall Expansion, City of Fairfax, Virginia
- Police Administration Building, City of Suffolk, Virginia
- Ettrick Library Renovation, Chesterfield County, Virginia
- Human Services Building, Shenandoah County, Virginia
- Green Ridge Recreation Center, Roanoke County, Virginia
- T.C. Williams High School, Alexandria, Virginia — [Hensel Phelps](#)
- Kersey Creek Elementary School, Hanover County, Virginia

Education:
B.S./Civil Engineering/1993

Registration:
*Professional Engineer/
Virginia/2002*
LEED Accredited Professional

JENNIE MANN, PE, LEEDAP
SENIOR SECURITY AND DETENTION DESIGN SPECIALIST

Jennie has over ten years work experience in software design of monitoring systems and security electronics. Her background includes architecture, design, and implementation of comprehensive project center web sites, engineering, design, development and installation of project software, and project management. Jennie's background also includes design of the detention side of the business, including detention equipment, security hardware, detention hollow metal, and security glazing. Jennie will prepare and coordinate all security electronics and detention specifications and design. Having designed, programmed, and installed numerous security electronics systems with her previous employer, Integrator.com, Jennie brings experience and knowledge to projects that comes only from being in the field.

Representative Experience

- State Correctional Institution, Benner Township, Pennsylvania — Hensel Phelps
- Pre-Trial Confinement Facility, Camp Lejeune, North Carolina
- Jail and Emergency Operations Center Renovation, Lee County, North Carolina
- Law Enforcement Center, Henderson County, North Carolina
- Satellite Jail Facility, Rowan County, North Carolina
- Detention Center, Guilford County, North Carolina
- Law Enforcement and Detention Center, Harnett County, North Carolina
- Jail Facility, Montgomery County, North Carolina
- Detention Center Renovation and Addition, Stanly County, North Carolina
- Jail and Law Enforcement Facility and Public Safety Building, Transylvania County, North Carolina
- Detention Center, Yadkin County, North Carolina
- Detention Center Expansion, Charleston County, South Carolina
- Detention Center Expansion and Renovation, York County, South Carolina
- Prison Facility, York County, South Carolina
- Juvenile Detention Facility, Greenville County, South Carolina
- Courthouse Master Plan, Cabarrus County, North Carolina
- Judicial Center, Craven County, North Carolina

Representative Experience prior to joining Moseley Architects

- Detention Center, Beaufort County, South Carolina
- Detention Center, Clarendon County, South Carolina
- Detention Center, Richland County, South Carolina
- Detention Center, Dillon County, South Carolina
- Jail Facility, Chesterfield County, South Carolina
- Jail Facility, Lake County, Indiana
- Existing Jail Facility Retrofit, Lake County, Indiana
- Police Station, Hammond County, Indiana
- Public Safety Facility, East Chicago, Indiana
- Law Enforcement Center, Jasper County, South Carolina
- Detention Center, Newberry County, South Carolina
- Detention Center, Pickens County, South Carolina
- Department of Juvenile Justice, Camera System Addition, South Carolina
- Detention Center, Barnwell County, South Carolina

Education:

*B.S. / Computer and Electrical
Engineering / 2000*

Registrations:

*Professional Engineer / NC
LEED Accredited Professional*

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**CARRIE B. WEBSTER, LEEDAP
SENIOR SUSTAINABILITY COORDINATOR**

Carrie Webster is a U.S. Green Building Council Leadership in Energy and Environmental Design (LEED®) Accredited Professional and serves as an environmental analyst for clients who wish to incorporate high-performance and sustainable design strategies and/or choose to pursue LEED certification. During the course of the project, Carrie typically assists in the selection of building materials and technologies that improve energy and water efficiency, using a life-cycle framework to minimize both environmental impact and operational costs. Carrie also provides input related to building and finish materials from an indoor air quality/indoor environmental quality perspective in order to promote a comfortable and safe indoor environment for building occupants.

Representative Experience

- Renovation of Administrative Activities Building — Virginia Department of Behavioral Health and Development Services
- Human Services Building, Shenandoah County, Virginia
- Young-Laine Courts Facility, Isle of Wight County, Virginia
- District Courts Building, Shenandoah County, Virginia
- Combined Fire and Police Department Support Building, Chesterfield County, Virginia
- Public Safety Building, Warren County, Virginia
- Jail Planning Study, City of Richmond, Virginia
- Blue Ridge Regional Jail — Amherst Facility, Amherst County, Virginia
- Meherrin River Regional Jail, Brunswick County, Virginia
- Joint Regional Correctional Facility, United States Navy
- Federal Correctional Institution, Hazelton, West Virginia — [Hensel Phelps](#)
- Benner State Correctional Institution, Benner, Pennsylvania — [Hensel Phelps](#)
- Juvenile Detention Center, Loudoun County, Virginia
- Glen Allen High School, Henrico County Public Schools
- Holman Middle School, Henrico County Public Schools
- Paint Branch High School, Montgomery County Public Schools
- Herbert Hoover Middle School Modernization, Montgomery County Public Schools, Virginia
- Locust Grove Middle School, Orange County Public Schools, Virginia
- Kettle Run Elementary School, Prince William County Public Schools, Virginia
- Elementary School No. 18, Spotsylvania County Public Schools, Virginia

Education:

B.A./Environmental Science
/1996

Registrations:

LEED Accredited Professional



2. Project Characteristics

a. Intent, Description, Design, & Location

Provide a description of the project, including the conceptual design. Describe the proposed project in sufficient detail so that type and intent of the project, the location, and the communities that may be affected are clearly identified.

GEO recognizes the importance of effectively and efficiently operating the Commonwealth of Virginia's sexually violent predator (SVP) program and addressing the increasing population that by some projections may fill the current capacity of the VCBR facility in Burkeville, Virginia by the end of 2011. Therefore, GEO proposes to operate the existing VCBR Burkeville facility and double its capacity on the current campus from 300 to 600 beds.

Program Description:

Comprehensive Treatment Programming in a Civil Commitment Setting for Persons Who Sexually Offend

Civil commitment is one approach to long-term sexual offender risk management. Under Kansas' Sexually Violent Predator Act (see *Kansas v. Hendricks*, 1997), any person who, due to "mental abnormality" or "personality disorder", is likely to engage in "predatory acts of sexual violence" can be indefinitely confined. In this landmark case, which essentially established the widespread use of sexual offender civil commitment in the United States, Hendricks appealed the finding against him, but Supreme Court ultimately upheld decision. In doing so, the Supreme Court defined a "mental abnormality" as a "congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexually violent offenses". As such, persons eligible for confinement was limited to those "not able to control" their dangerousness.

GEO's goal in operating a sexually violent predator program (SVPP) has been to assist all residents in the development of a balanced, self-determined lifestyle. The GEO SVPP has achieved great success at the Florida Civil Commitment Center (FCCC). Arguably, the men referred to the GEO Program at the FCCC are among the highest risk sexual offenders of all those in Florida who receive determinate sentences for

sexual offenses. Consequently, and in keeping with the tenets of the risk principle of the Risk-Needs-Responsivity model (Andrews & Bonta, 2007), GEO's program is long-term and intensive. Similarly, the Comprehensive Treatment Program (CTP) for persons who have sexually offended proposed for the Virginia Center for Behavioral Rehabilitation (VCBR) is a four-phase, multi-modal, holistic approach to identifying and addressing problematic cognitions and behaviors that lead to increased risk for future sexual violence.

GEO's program is based on a strong scientific foundation in the sexual offender treatment literature. We derive the base of our program from the Risk-Needs-Responsivity Model (Andrews & Bonta, 2007—in which treatment participants engage in programming commensurate with their level of risk and demonstrated criminogenic needs, while attending to motivation and client idiosyncrasies and treatment interfering factors), and the holistic, self-regulation approach of the Good Lives Model (Ward & Stewart, 2003). The combination of these two models is theorized to represent a best practice model of clinical service provision to persons who sexually offend (Wilson & Yates, 2009). In practical terms, GEO's program is modeled, with adaptation, on aspects of treatment and risk management programming designed in part by David Thornton (formerly of Her Majesty's Prison Service in the United Kingdom—see Thornton, 2002), Jim Haaven's "New Me Life Planning" model (Haaven, Little, & Petre-Miller, 1990), and elements of the Correctional Service of Canada's National Sex Offender Programs model (see Wilson, Cortoni, Picheca, & Nunes, 2007).

The traditional model of sexual offender treatment puts principal emphasis on identification of deviant sexual fantasies and high-risk situations, full disclosure of sexual offense histories, and development of new cognitions and behavior—sometimes, with little or no attention to treatment readiness and motivation. In the GEO model, we put considerable time and effort into the process of preparing treatment participants for change. We believe that this is tantamount to laying the foundation on which all other treatment endeavors will rely for stability. Simply put, it is a lot like painting without priming and, without preparation for change, many of the concepts we wish participants to incorporate into their "new lives" will not stick.

Phase I: Preparation for Change

Phase I of the GEO CTP emphasizes problem identification, identification of poor methods of problem-solving, and identification of treatment interfering factors (or, barriers to change). All program participants must complete three individual programming components before being advanced to Phase II. Participants

begin with participation in *Moral Reconciliation Therapy* (MRT—see Little & Robinson, 1988; Little, Robinson, Burnett, & Swan, 1999) then move on to *Thinking for a Change* (T4C—see Glick, Bush, & Taymans, 1997). Participation in *TRY—Treatment Readiness for You* (Cullen & Wilson, 2003) commences approximately half-way through T4C. Placement of TRY towards the end of Phase I is intentional, in that this is when CTP participants first begin to speak about lifestyle management issues, specifically as they relate to sexuality. Up to that point, sexual issues may be raised as examples, but they are not the primary focus of intervention.

Moral Reconciliation Therapy (MRT). Moral Reconciliation Therapy is an evidence-based approach to increasing problem-solving skills and moral decision-making. In using exercises and tasks, MRT resembles what is usually described as “cognitive skills” psycho-educational programming; however, its skills training is intended to go beyond usual classroom methods of skills development. Recent literature has shown MRT to be effective in lowering recidivism rates in those who successfully complete the program. MRT has seven parts:

1. ***Confrontation and Assessment of Self:*** Assesses residents’ beliefs, attitudes, behaviors and defense mechanisms
2. ***Assessment of Current Relationships:*** Includes planning to heal damaged relationships
3. ***Reinforcement of Positive Behaviors and Habits:*** Residents help others to raise their own awareness of moral responsibility to the community
4. ***Positive Identity Formation:*** Explores the inner-self and setting goals
5. ***Enhancement of Self-Concept:*** Building self-esteem and positive habits
6. ***Increased Impulse Control:*** Residents develop skills to delay gratification and manage their pleasure-seeking behavior
7. ***Developing Higher Stages of Moral Reasoning:*** Residents demonstrate greater concern for others and social systems

Thinking for a Change (T4C). Thinking for a Change consists of exercises that build problem-solving skills. Participants learn how good decisions are made and how to use those good decisions to get along better with their friends, family, and others. The goal is for participants to quickly identify and appreciate how reevaluating their thinking, belief systems, and their personal and interpersonal values

and attitudes can help their lives. Participants begin organizing their thoughts using cognitive skills and methods applied in an objective and systematic way. T4C has the following goals:

1. Increase awareness of cognitive distortions related to events-thoughts-feelings-actions.
2. Identify differences between physical and emotional feelings and examine how they guide behavior.
3. Learn to identify high-risk thoughts and feelings.
4. Identify unhealthy attitudes and beliefs that lead to unhealthy behaviors.
5. Improve problem solving skills and coping strategies through new thinking.
6. Improve communication and listening skills, to improve interpersonal relationships.

Treatment Readiness for You (TRY). Before offenders can go into intensive treatment they must be “ready” for that treatment. The GEO Group at the Florida Civil Commitment Center is currently piloting the TRY curricula, as adapted to a civil commitment population. Because treatment interfering factors in this population are frequently coupled with higher than average degrees of antisociality and a deep anger at the civil commitment process, treatment readiness programming for CTP participants is an even bigger challenge than offering such programming to “regular” sex offending clients. In the GEO adaptation, TRY programming helps residents to identify barriers to change as a natural part of the process of personal growth. However, increasing motivation to change in this population must also take into consideration entrenched antisocial values and attitudes, (sometimes profound) degrees of institutionalization, comorbid mental health issues, and systemic issues (civil commitment as a concept, ongoing litigation, legislative difficulties).

TRY programming is offered in a group setting with two facilitators, ideally one of each gender. Group sizes average 15 participants, who meet weekly for 90 minutes over a 12-week period. The program closely follows the published curriculum; however, some elements (e.g., ambivalence) targeted for one session in the original configuration are extended because of an increased need for focus in this particular population. To date, we have run four cycles with approximately 80 FCCC residents having completed the program prior to advancement to Phase II. At present, no outcome data are available (research is ongoing); however, observations from receiving Phase II facilitators have been that TRY participants appear to have an easier time in Disclosure (i.e., giving a complete account of one's sexual offending past).

Phase II: Awareness

In Phase II of the CTP, participants develop an agreed and comprehensive identification of the main factors that contributed to their past offending. In "Disclosure", the goal is to completely disclose the entirety of one's history of deviant sexuality and behavior. This is usually completed with the assistance of polygraph evaluations (although it is important to note that we use polygraph as a tool to assist participants in being honest, we do not use it as a pass/fail tool to either assist with or inhibit graduation to higher phases of treatment). Once the goals of Disclosure are met, participants move into the "Discovery" stage, where the goal is to provide opportunities to demonstrate insight into participants' current expression of risk factors and to further enunciate continued barriers to personal balance and self-determinism.

Phase III: Healthy Alternative Behaviors

In Phase III of the CTP we encourage residents to re-evaluate justifications and attitudes that supported offending behavior, ultimately leading to increased awareness of deficits in emotional coping and specific problematic emotions, acknowledgement of deviant sexual arousal/interest, reduction of deviant arousal verbalization of events and behaviors the comprised sexual offenses, and the application of new coping strategies. In the Development component of Phase III, the focus of treatment is to help residents reliably control their psychological risk factors. Residents use healthier, more prosocial strategies in situations where risk factors are more common. This is a big task that is accomplished by addressing the following objectives:

- Develop a representation of "Old Me"
- Develop a representation of "Future Me"
- Future Me role plays
- Balanced, Self-determined Lifestyle Review
- Getting to "Future Me"

The Relationship Skills component of Phase III is designed to help residents understand how they relate to others. It helps residents see how they may wish to change patterns of relating. Finally, it enables residents to develop the attitudes and skills that promote building healthier ways of relating to others. The development of relationship skills is important. Experiencing problems making and keeping emotionally intimate relationships with adults has a lot to do with reducing risk for sexual reoffending. Persons who commit sexual offenses and have problems with relationships sometimes avoid close relationships, seek but fail to establish close relationships, or enter relationships that are not meaningful.

The Empathy and Emotional Awareness component of Phase III is designed to assist residents to understand and share with others in a more empathic and emotionally healthy manner through:

- Developing a richer, better-differentiated emotional experience.
- Increasing perspective-taking skills in general, and specifically in situations where problems exist in seeing how other might interpret things we do and say.
- Increasing ability to share and understand emotions with others in a healthy way.
- Reducing unhelpful or unhealthy responses to others' distress (e.g., freezing, self-pity, rescue-ranger).
- Developing and exploring empathy skills in the context of close relationships.

Last, "consolidation" of treatment gains (i.e., organizing and making them more permanent) is achieved through ongoing development and supervised practice of self-control over behaviors, thoughts, and emotions. Interventions are defined as contributing to a model of behavior that stresses balance and self-determination. Therefore, consolidation is very helpful in learning how to maintain treatment gains, encourage prosocial behavior, feeling better about oneself, making better decisions, and providing support and reinforcement to ensure residents use their newly learned behaviors.

Phase IV: Maintenance and Comprehensive Discharge Planning

Phase IV of the GEO Comprehensive Treatment Program provides additional opportunity to evaluate behavioral change and skill development, and allows us to gauge to what extent each participant has both acquired, integrated, and is now demonstrating behaviorally the attitudes and skills critical to avoiding future sexual offending behavior. A key component of this last phase of treatment involves volunteering and providing mentoring to persons in earlier phases of treatment. Residents in Phase IV also make



preparations for life in the community through structured vocational programming (in which they identify potential sources of employment and engage in mock job interviews), making connections with social supports (including family and friends) and community-based social service agencies (e.g., treatment providers, advocacy organizations, welfare), and identifying legal and civic responsibilities (e.g., probation, sexual offender registration, etc.).

Specialized Treatment Tracks including Mentally Ill

In addition to the Treatment Phases described above, GEO customizes the phases to the unique needs of residents in distinct Treatment Tracks. These tracks include the Corrective Thinking Track for high psychopathy residents, the Special Needs Track for slower learners who have difficulty assimilating the sex offender material and the Mainstream Track for all others in the program. These specialized tracks are tailored to address the specific treatment needs of the sub-groups.

GEO also proposes to operate a dedicated mental health unit for SVP's at VCBR that have a history of severe and persistent mental illness. The treatment needs of those residents that have a dual diagnosis of both SVP and mental illness are significantly different than the typical SVP referred to VCBR.

A dedicated mental health unit incorporates specialized programming that first addresses the individual's mental illness and medication compliance. The programming for this sub-group of residents at VCBR will be similar to that found in a psychiatric hospital. The goal will be to increase the mentally ill resident's level of functioning so that they may be able to participate in the Special Needs Track of the comprehensive program for men who have sexually offended.

The assigned closed unit limits access to the unit by residents from other parts of the facility. This will lessen the likelihood that those with mental illness will be exploited by predators in the larger population.

Mentally ill residents who have been determined Unrestorably Incompetent to Stand Trial (URIST) will participate in a competency restoration program specific to SVP's. This program has been successfully developed and implemented by GEO at the Florida Civil Commitment Center.

Upon completion of the mental health component, the resident will generally be transferred to the Special Needs Track of the sex offender program for continued treatment.



CARF Accreditation within 18 months

The proposed GEO program will obtain CARF accreditation within eighteen months of assuming operations of VCBR.

CARF is an independent, nonprofit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served. Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, and now known as CARF, the accrediting body establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services.

CARF accreditation demonstrates a program's quality, transparency, and commitment to the satisfaction of the persons served. CARF International is an independent, not-for-profit accreditor of human service providers in the areas of Aging Services, Behavioral Health, Child and Youth Services, Durable Medical Equipment, Employment and Community Services, Medical Rehabilitation, and Opioid Treatment Programs.

Upon award of a contract to GEO to operate VCBR, GEO will immediately establish a process to initiate the accreditation process. GEO will assure compliance with over 1,000 CARF Standards in Behavioral Health: Residential Treatment (Mental Health –Adults). A thorough assessment of VCBR policies and procedures compared to CARF standards is conducted to assess areas that may need to be immediately modified to comply with the CARF standards.

Over the course of the first eighteen months of operations, GEO will bring all practices at VCBR into compliance with CARF standards. A final CARF survey will be requested by GEO as soon as all practices conform with each CARF standard.



GEO has demonstrated success with attaining CARF accreditation in a sexually violent predator program. Under GEO operations, the Florida Civil Commitment Center was able to achieve a three year CARF accreditation. FCCC is only the second SVP program in the nation to obtain CARF accreditation. It is the first SVP Program to obtain a three year accreditation on its first survey—only nine months after operating the new facility.

CARF International accreditation provides a visible symbol that assures the public of GEO's commitment to continually enhance the quality of services and programs.

PROGRAM SUMMARY

The proposed treatment program for the VCBR for persons who sexually offend is comprehensive, evidenced-based, and responsive to the needs of all stakeholders. We firmly believe that all facility staff serve as role models and potential agents-of-change for our residents, as they strive to develop balanced and self-determined lifestyles (Curtiss & Warren, 1973) free of continued offending and other social dysfunction. A resident who is keenly interested in making the personal and interpersonal changes necessary to achieve that goal can do so by achieving maximum treatment benefit in GEO's treatment program. This requires an investment of at least five years.

A more thorough description of the GEO CTP is available upon request.

Medical Care

GEO provides for the physical health care of the residents in each of its facilities. Each facility has a medical clinic which is staffed with physicians, RN's and LPN's, in order to address the physical health needs of the patients. Each medical clinic provides routine primary health care, as well as care for temporary physical conditions, injuries, complaints, and a disease management program under the Chronic Care Model integrated with primary care. GEO adheres to the National Commission on Correctional Health Care (NCCHC) standards for all medical care offered at VCBR.

At VCBR, GEO will provide a board certified and/or eligible internal medicine physician or other primary care physician onsite Monday through Friday. When the primary internal medicine physician is not onsite GEO will assure physician on-call coverage is available. All of the medical staff professionals, full time and part time will be employed by GEO and will be fully credentialed and privileged members of the Medical Staff Organization. As such, their knowledge, skills, experience, and competencies will be verified,



documented and regularly reassessed. GEO facilities utilize licensed internal medicine or family medicine physicians on call at all times, 7 days a week, 24 hours a day. GEO recognizes the importance of quality health care to meet the needs of its residents. Physicians trained in Internal Medicine or another primary care specialty will be available to promptly assess residents with medical problems. Medical conditions, complaints and injuries will then be treated or stabilized, and a determination will be made as to whether hospitalization or medical specialty care is needed.

A referral base of medical specialists will be selected covering the medical, surgical, and ancillary specialty care that cannot be provided directly by the physicians employed at VCBR. Each specialist will be carefully chosen, based on competence, credentials, professional reputation and references, as well as their ability to work with residents who have sexually offended.

GEO recognizes the need for emergency medical and tertiary level of care services that are often needed by our patients and as such establishes agreements with nearby acute care hospitals to provide needed emergency care. As part of these agreements GEO requires ongoing communication between the GEO medical staff and the acute care hospital staff regarding the care and status of the hospitalized residents.

It is GEO's policy to assure that staff are trained and competent in basic life support services and first aid. Direct care staff are required to maintain an active CPR certification which includes the use of an AED. Direct care staff are also trained and certified at least annually in first aid.

Admission Health Screening

It is standard practice at all of our GEO facilities that there is an initial health screening done on all newly admitted patients. Upon admission, a registered nurse conducts an admission physical health screening as part of the initial nursing assessment. A comprehensive medical history and physical exam will also be performed as required by NCCHC standards. The admission nursing health screening is performed to detect any acute medical conditions that may require immediate treatment or intervention.

History and Physical Examination

The comprehensive history and medical examination is performed by a physician within 7 days of admission. If medical consultations are required, the staff physician will make the referral to one of the approved consultants, and the consultant will either see the patient at the facility, or at an outside location.



If the patient must be seen at an outside location, GEO provides transportation and the necessary security supervision during the outside appointment. Recommendations will then be made to the referring practitioner, who will then proceed accordingly with further evaluation, treatment, and monitoring of the patient. Diagnoses, procedures, and treatment interventions will be incorporated into the patient's treatment plan.

Preventive and Primary Medical Care

Annually, the comprehensive health examination is repeated for all patients that remain in the facility for this length of time. This includes any additional new findings and a review of medical issues and treatments received that have arisen during the last year in the facility.

The laboratory evaluation, X-Ray, EKG, HIV and hepatitis screening, TB testing, and urinalysis are ordered as required. The annual comprehensive health assessment focuses on health issues identified and treated or monitored during the previous year. Any new complaints or findings will be thoroughly evaluated.

Primary Care/Sick Call

GEO Registered Nurses at VCBR triage resident sick call requests every day. Residents are scheduled to see the physician based upon urgency. If urgent complaints arise during the evening or on weekends an RN will contact the medical physician on-call.

Dental Care

GEO provides dental care to the patients at VCBR at the level of standards of care in accordance with the American Dental Association. GEO employs or contracts with dentists and dental assistants to provide for the dental care needs of the patients. The dental clinics are equipped with modern dental equipment and supplies, sterilization equipment, and instruments. Services provided include routine screening and assessment, periodontal assessment, cleaning, repairs of damaged teeth and dental caries, extractions, abscess drainage, some restorative dentistry, as well as the fitting for, and provision of prosthetics and/or dentures. The latter is always performed through an agreement with an established dental laboratory for the dental prosthetics. The quality and timeliness of services and products provided under this agreement are regularly reviewed by the medical staff and dentist.



All newly admitted patients are seen for a dental assessment, unless a more urgent dental appointment is needed based on that assessment. Following the initial visit, routine dental reassessments are performed annually.

When patients need emergency dental care, the patients are seen as a first priority in the dental clinic. If the emergency is after hours, the Medical Director and/or Internal Medicine physician is contacted for direction as to whether the resident will be treated for comfort or requires immediate intervention.

Pharmacy Services

GEO provides in-house pharmacy services at all of its facilities. These services include on-site licensed pharmacists and technicians, overseen by the facility's medical director and the Corporate Director of Pharmacy Services. All medications ordered, consistent with the facility's formulary, which is approved by the department are supplied and provided to the appropriate resident. Medications not listed on the in-house drug formulary are handled through the medication exception process which requires additional justification and approval.

Laboratory Services

Glucometers and bedside waived testing devices are readily available at each facility. Laboratory services are provided through contract laboratory services at all GEO facilities with arrangements made for picking up and reporting of stat labs. Several staff on site are trained as phlebotomists so that there is no delay in collecting specimens.

Items such as hearing aids are handled on an individual basis if required and ordered by a licensed contracted audiologist. GEO recognizes the importance of having the proper equipment available to provide quality care to the residents and as such GEO is committed to provide what is required to fulfill this obligation.



Medical Equipment

While medical equipment and technology has the potential to improve care, it must be used wisely. GEO contracts with a local biomedical engineering company to perform the necessary risk assessments and inspections to assure that all equipment is properly calibrated, in good working order and in compliance with the manufacturer's standards. Through each facility's Environment of Care Committee (EOC) all recommended purchases for medical equipment devices are reviewed. GEO makes every effort to standardize the type of equipment purchased in order to reduce errors and manage costs.

Radiology Services

Radiology services are available at all GEO facilities with x-ray equipment on site allowing x-rays to be taken when ordered by a physician. The films are read by a credentialed radiologist within 24 hours or less in emergency situations. If a situation is emergent GEO utilizes emergency services that are on contract for such needs.

Ancillary Services

Other medical services such as occupational and physical therapy services are provided at our facilities based on the needs of the persons served and the wishes of the client. As GEO operates several diverse types of treatment facilities, we are familiar with obtaining various ancillary treatment services and recruiting credentialed professionals to provide these services.

Support Services

GEO provides support services such as dietary, housekeeping and security services at our facilities. Depending on the wishes of the client, GEO can tailor support services for residents served at the facility and obtain the various support services needed.

Food Services

GEO provides its own food services in-house, including all purchasing, supplies, and storage; preparation, serving and clean-up. GEO's Food Service Program has resources and capabilities that are unequalled in the industry. GEO has a well-developed expertise in providing correctional, medical and religious diets that meet or exceed the nutritional standards established by the Food and Nutrition Board of the National Research Council, the American Correctional Association, and the individual government customer.



Security

GEO will provide for the safe and secure detention of residents and ensure the safety of the general public, provide safe working conditions for employees and volunteers, and provide humane, safe, confined living conditions for the resident population. GEO will have control measures in place to prevent unauthorized egress and ingress. GEO will provide 24 hour, 7 days per week security coverage of designated security posts.

The primary source of security for this facility is the staff. Personnel for this facility will be highly trained professionals who will maintain order and control of the facility to ensure the safe, secure, treatment, health and safety of its occupants. Staff will be responsible for direct and indirect supervision of the residents in their daily activities. Continuous staff and resident interaction will facilitate a good relationship for a safe and orderly environment. A written Policy and Procedures Manual will be made available to each staff member to govern their performance. All staff will be properly trained in the implementation of facility procedures to ensure public safety. Facility personnel will be cross-trained to the greatest extent possible to allow staffing flexibility, job enrichment opportunities as well as promotion preparation for potential supervisory positions. The GEO Staff Training Program is structured to allow staff members to be empowered to perform each job responsibility associated with the operation of a non-punitive treatment environment for the rehabilitation of persons who sexually offend. GEO's philosophy is to provide cross training to staff so team members understand and are committed to the mission of providing effective treatment in a secure environment. The parallel goals of treatment and security can best be achieved when the various staffing components understand and respect each other's responsibilities and challenges. This enables support of these parallel goals.

Staff will have direct contact with residents to allow a complete controlled environment and never allow residents to have authority over other residents. All areas of the facility will be staffed to allow proper supervision and control by staff, including housing units, program areas, food services, medical, recreation, corridors, general work areas and perimeter fence lines. Direct supervision allows the staff to perform in a pro-active manner vs. a re-active manner. Supervisors and staff are given the authority to manage their areas of responsibility by having direct inter-action with the resident population.



Staff are trained to understand the cultural diversity within the population and handle situations and issues accordingly. Effective communication is a critical element of training; therefore, frequent communication between the staff and residents is encouraged and practiced.

Recreation

GEO provides facilities, equipment and supplies for a variety of indoor and outdoor recreational and leisure time programs. Residents are afforded ample time aside from programs and other duties to engage in any one of the numerous recreational activities available at the facility. The recreation program helps build self-esteem and contributes to both physical and mental good health.

Management Approach: Transition of State Operations to GEO

GEO values the knowledge, skills, experience and commitment of many of the current dedicated Commonwealth staff. Our hope is that many of these employees will choose to continue their career and join us as we create this new partnership. One example of our past success in this area is at the South Florida Evaluation & Treatment Center forensic hospital where approximately 95% of the state employees that applied for a position with GEO and met the minimum qualification were offered a position. We have utilized the same approach in many of our facilities. We hope to continue this tradition and have created a sign on and retention bonus for Commonwealth employees wishing to continue their career serving individuals civilly committed to the VCBR. We recognize the important roles that the wage rate and employee benefit package play in the overall satisfaction of employees and the resulting turnover and retention rates. We believe that our salaries and benefits are a sound foundation for retention of employees in the Virginia labor market. We have taken benefits and annual increases into account when establishing salaries for the project. In keeping with our commitment to hiring current VCBR employees, our salary structure was established in relation to the current Virginia salary structure to facilitate a smooth transition.

If GEO is awarded a contract as a result of this PPEA submission, we will immediately mobilize a transition team in concert with the Department. The goal will be for GEO to learn as much about the detailed inner workings of the Commonwealth's system as possible. Additionally, GEO will begin the preferential consideration of the existing workforce for employment including: posting job descriptions, conducting job fairs and interviewing all interested Commonwealth employees.



We will prepare for the effective management of the existing VCBR units while taking the necessary steps and making the preparation for facility expansion. We will begin the ongoing process of developing relationships with the community, and other stakeholders to effect a smooth transition.

GEO will prepare for the implementation of its management and programming at the VCBR. We will conduct assessments of each of the residents to determine the appropriateness of care and programming as well as address their individual needs.

GEO will conduct its own readiness review. Transition planning documents will be utilized as the tool for this readiness review and will be updated and modified as appropriate.

Upon acceptance by the Department as to GEO's "readiness", we will then begin the implementation of management and program services at the VCBR. We have described in this proposal our "best practices" programming and special emphasis will be placed upon the implementation of these "best practices" at the VCBR.

Upon successful completion of facility expansion at the VCBR, and with the Department's concurrence as to GEO's readiness, we will then coordinate the use of those beds in a smooth and seamless transition.

The following section "Facility Design" is confidential

GEO respectfully requests that information contained below until the end of section 2a of our proposal be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest or bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.









b. Work to be Performed by Public Entity

Identify and fully describe any work to be performed by the public entity.

It is necessary for a successful project that the design-build team understands and recognizes the requirements of the Owner and User of the facility. To that effect, The GEO Group, Inc. (GEO) intends to work closely with the Virginia Department of Corrections during the preparation of the design and construction documents for their input, review and approval. It is anticipated that the Virginia Department of Corrections will provide during the project development, input related but not limited to the following:

- Site review and approval
- Program requirements
- Design review and approval of schematic design, and construction documents
- Review and approval of proposed products and systems
- Monitoring and field inspections during the construction phase
- Review and approval of contractor pay application and schedule

c. Schedule of Permits and Approvals

Include a list of all federal, state and local permits and approvals required for the project and a schedule for obtaining such permits and approvals.

GEO is proposing an expanded facility that is designed and built in full compliance with all applicable Federal and State codes and regulations. The proposed schedule for the required permits and approvals will be developed at a later date in conjunction with the authorities having jurisdiction over the project. The required permits and approvals include but are not limited to the following:

- Virginia Department of Environmental Quality, Ground Erosion Permit
- Virginia Erosion and Sediment Control Law, Regulations and Certification
- Virginia Storm Water Management Regulations
- Virginia Department of Transportation Land Use Permit



- Local Utilities Authority (water, sewer, electrical)
- Commonwealth of Virginia State Department of Health (VDH) Sewage Collection and Treatment Regulations
- Commonwealth of Virginia State Department of Health (VDH) Waterworks Regulations

Additionally the project must comply with the following codes and regulations:

- Virginia Uniform Statewide Building Code
- National Fire Protection Association (NFPA) Life Safety Code 101
- Virginia Department of Behavioral Health and Developmental Services Guidelines for Minimum Standards in Design and Construction of Correctional Facilities
- American Correctional Association (ACA) Standards for Correctional Institutions, Fourth Edition
- Commission for the Accreditation of Rehabilitation Facilities (CARF)

GEO respectfully requests that the attachment provided behind tab 29, "Construction/Project Development Schedule" be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest or bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.

Please see GEO's Construction/Project Development Schedule provided behind tab 29.

d. Adverse Social, Economic and Environmental Impacts

Identify any anticipated adverse social, economic and environmental impacts of the project. Specify the strategies or actions to mitigate known impacts of the project. Indicate if environmental and archaeological assessments have been completed.

GEO does not anticipate any negative impact on social, economical or environmental issues caused by the proposed facility expansion in this PPEA.



e. Positive Social, Economic and Environmental Impacts

Identify the projected positive social, economic and environmental impacts of the project.

The facility expansion will bring many benefits to the community. In addition to the initial construction related local jobs and purchasing of locally available materials, the facility will offer permanent job opportunities as well as benefits to the local business community by the purchase of food, office supplies, furnishings, cleaning supplies, etc. The local utilities such as water, power, gas and/or sewage companies will benefit from the additional revenues and possible upgrading of related roads and infrastructure.

f. Schedule of Permits and Approvals

Identify the proposed schedule for the work on the project, including the estimated time for completion.

GEO respectfully requests that the attachment provided behind tab 29, "Construction/Project Development Schedule" be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest or bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.

Please see the attached construction (project development) schedule provided behind tab 29.

g. Contingency Plans

Identify contingency plans for addressing public needs in the event that all or some of the project is not completed according to projected schedule.

GEO does not anticipate any delays related to the design and construction of the facility. However, occasionally delays occur caused by acts of God, such as hurricanes, floods, etc. or other unforeseen conditions out of the control of the design-builder. In such a case GEO will work cooperatively with the Department to temporarily and safely increase the facility's capacity until the new beds are added, reducing negative impact in the event of an emergency.



h. Timely Completion/Risk Liability

Propose allocation of risk and liability for work completed beyond the agreement's completion date, and assurances for timely completion of the project.

GEO has never failed to complete a project on schedule and is committed to design and build the facility expansion, ready for occupancy on an agreed upon completion date and assumes all reasonable and traditional risks for construction delays attributable to the GEO design-build team.

i. Legal Status/Opinion

State assumptions related to ownership, legal liability, law enforcement and operation of the project and the existence of any restrictions on the public entity's use of the project.

The proposed facility expansion will serve the needs of the Commonwealth. There are no known restrictions on usage.

j. Project Phase-In

Provide information relative to phased or partial openings of the proposed project prior to completion of the entire work.

GEO respectfully requests that the following information provided in Section 2j, "Project Phase-In," and Floor/Site Plans provided behind tab 28, be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest or bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.



k. Other Assumptions

List any other assumptions relied on for the project to be successful.

See page 2 of Section 3 – Project Financing.

l. Contingencies for Project Success

List any contingencies that must occur for the project to be successful.

See page 2 of Section 3 – Project Financing.

References

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- Cullen, M. & Wilson, R.J. (2003). *TRY – Treatment readiness for you: A workbook for sexual offenders.* Lanham, MD: American Corrections Association.
- Curtiss, P.R. & Warren, P.W. (1973). *The dynamics of life skills coaching.* Prince Albert, SK: Saskatchewan NewStart Inc. for the Training Research and Development Station Department of Manpower and Immigration.
- Glick, B., Bush, J., & Taymans, J. (1997). *Thinking for a change.* Washington, DC: National Institute of Corrections.
- Haaven, J.L., Little, R., & Petre-Miller, D. (1990). *Treating intellectual disabled sex offenders: A model residential program.* Orwell, VT: Safer Society.
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- Little, G.L., & Robinson, K.D. (1988). Moral Reconciliation Therapy: A systematic step-by-step treatment system for treatment resistant clients. *Psychological Reports*, 62, 135-151.
- Little, G.L., Robinson, K.D., Burnette, K.D. & Swan, S. (1999). Successful ten-year outcome data on MRT®-treated felony offenders: Treated offenders show significantly lower reincarceration in each year. *Cognitive-Behavioral Treatment Review*, 5, 1-3.
- Thornton, D. (2002). Constructing and testing a framework for dynamic risk assessment. *Sexual Abuse: A Journal of Research and Treatment*, 14, 139-153.
- Ward, T. & Stewart, C.A. (2003). The treatment of sexual offenders: Risk management and good lives. *Professional Psychology: Research and Practice*, 34, 353-360.
- Wilson, R.J., Cortoni, F., Picheca, J.E., & Nunes, K. (2007a). *Community-based sexual offender maintenance treatment programming: An evaluation.* [Research Report R-188] Ottawa, ON: Correctional Service of Canada.
- Wilson, R.J. & Yates, P.M. (2009). Effective interventions and the Good Lives Model: Maximizing treatment gains for sexual offenders. *Aggression & Violent Behavior*, 14, 157-161.

Floor & Site Plans

GEO respectfully requests that information contained in this section be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest and bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.

Construction (Project Development) Schedule

GEO respectfully requests that information contained in this section be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest and bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.



3. Project Financing

GEO respectfully requests that Section 3, Project Financing provided under separate cover in Volume II, be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest or bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.

The information in this section is considered proprietary. Due to its confidential nature it is not subject to the Virginia Freedom of Information Act and, therefore, is being submitted under separate cover. Please see Volume II, Project Financing.

4. Project Benefits and Compatibility

a. Community Benefits

Identify community benefits, including the economic impact the project will have on the Commonwealth and local community in terms of amount of tax revenue to be generated for the Commonwealth and political subdivisions, the number jobs generated for Virginia residents and level of pay and fringe benefits of such jobs, the training opportunities for apprenticeships and other training programs generated by the project and the number and value of subcontracts generated for Virginia subcontractors.

As a long-standing corporate citizen of communities throughout the United States and abroad over the past twenty five years, GEO is excited with the opportunity to extend our partnering relationships with the citizens, businesses and community leaders of the Commonwealth, including Burkeville, Nottoway County, and the surrounding areas. Our PPEA provides the Commonwealth with an effective sexually violent predator (SVP) program that addresses the increasing population that by some projections may fill the current capacity of the Virginia Center for Behavioral Rehabilitation (VCBR) facility by the end of 2011. GEO proposes to operate VCBR and double its capacity from 300 to 600 beds whereby the annual cost per bed, including renovation and construction, is significantly less than what the Commonwealth is spending per bed to operate VCBR today, saving significant tax dollars. Additionally, the proposed facility expansion will provide construction jobs and GEO's projects have a long track record of maximizing the use of local contractors. The proposed number of jobs associated with the operation of VCBR can be found in Section 3 – Project Financing.

GEO understands the importance of community relations and will establish relationships with local officials. Our reputation has been built on a foundation of our work in local communities in cooperation with our client agencies. GEO makes it a priority to establish itself as a good corporate citizen and involving itself in local community and neighborhood activities that benefit all community stakeholders. For example, GEO encourages its senior Facility staff to join local community groups in order to ensure that GEO's presence in the community is both visible and personal.



Our facilities have active community projects with local non-profit and social services organizations such as the Salvation Army and Chamber of Commerce. With employees at GEO coming from the local area, the effect is mutually beneficial: GEO benefits by having an esprit de corps and a sense of contribution, while the community benefits through the development of its citizenry and the diversification of the business economy.

GEO takes great pride in the valued partnerships we establish with local and small businesses. It has been our practice to meet with our client and community agencies and organizations to review their certified, local, or other database resources, and work to source and screen potential local vendors often through vendor fairs. This symbiotic relationship benefits the community by giving back money to community members, while providing our facility administrators and facility business offices with discretion and flexibility in developing and encouraging participation by quality local vendors. We launched our business with this concept over 25 years ago and recognize its importance to our continued success.

GEO management and staff assigned to VCBR will be actively involved in the Burkeville community. It is the expectation that our leadership participate in local non-profit groups such as the Chamber of Commerce, Rotary, Benevolent and Protective Order of Elks or other service organizations that are part of the local community. With GEO staff offering their leadership and expertise to local Boards, the community organizations are strengthened while the reputation of GEO and VCBR as good corporate partners is enhanced.

Each GEO facility also has a dedicated community contribution line item in its operating budget. The use of these funds is at the discretion of the local Facility Administrator. The Administrator may use these funds to support community charitable events. GEO facilities have supported local Rodeos, County Fairs, Youth Athletic Associations, Hospitals, Blood Banks, Veteran's Groups and numerous other non-profit organizations.



For our community/SBE, MBE and WBE programs, our staff includes a facility business manager authorized to direct the program with specialized support from regional and corporate management. We stress flexibility when dealing with smaller vendor resources and selection is based on competitive value to GEO versus just seeking the lowest-cost supplier.

INCUMBENT EMPLOYEES

GEO recognizes the importance of stability of the daily routine within the sex offender environment, which includes the need to maintain a continuity of caregivers. Since the Commonwealth is currently performing the proposed services, GEO will make every effort to retain as many qualified incumbent personnel as possible and as such will solicit their continuing employment with GEO. Incumbent employees will receive first preference for all positions where they meet minimum qualifications and pass background, security and drug tests. If awarded a contract, GEO representatives would be immediately available at the appropriate times and locations to meet with current employees. GEO representatives will meet informally with incumbent staff to provide information and answer questions regarding GEO. This meeting, or meetings will allay any fears associated with the potential transition to a new employer and will serve as a friendly introduction to GEO. Our goal is to have, and maintain, full staffing coverage at the inception of the contract with no disruption in day-to-day operations of the hospital.

GEO values the knowledge, skills, experience and commitment of many of the current dedicated Commonwealth staff. Our hope is that many of these employees will choose to continue their career and join us as we create this new partnership. One example of our past success in this area is at the South Florida Evaluation & Treatment Center forensic hospital where approximately 95% of the state employees that applied for a position with GEO and met the minimum qualification were offered a position. We have utilized the same approach in many of our facilities. We hope to continue this tradition and have created a sign on and retention bonus for Commonwealth employees wishing to continue their career serving individuals civilly committed to the VCBR. We recognize the important roles that the wage rate and employee benefit package play in the overall satisfaction of employees and the resulting turnover and retention rates.



We believe that our salaries and benefits are a sound foundation for retention of employees in the Virginia labor market. We have taken benefits and annual increases into account when establishing salaries for the project. The level of pay will be consistent with comparable positions in Nottoway County plus a fringe benefit package of approximately 30%. In keeping with our commitment to hiring current VCBR employees, our salary structure was established in relation to the current Virginia salary structure to facilitate a smooth transition.

LOCAL RECRUITMENT

GEO's well-being as a company equates with the well-being of its staff. Like all facility operations, GEO's major yearly expense is in its investment in employees: salaries, training, recruiting and benefits. It is of primary importance to GEO to be able to recruit the finest staff available throughout the term of operations and that our staff be highly motivated to stay with GEO once they are screened, hired and trained.

GEO's experience has demonstrated the importance of solid community partnerships in the successful operation of our programs and facilities. We understand the importance of selecting and maintaining good employees from the local communities. We will continue to use local employment resources to attract, identify, and recruit the best possible employees from the local area. GEO stands by its pledge to hire locally and will be a good corporate neighbor, as we have been in the communities in which we have operated for the past twenty five years.

ATTRACTING AND RETAINING STAFF

GEO is dedicated to attracting, training, developing, and retaining the most professional workforce in the industry. The experience gained in successfully attracting and retaining employees at over 110 other government residential facilities around the world will be utilized to ensure the successful transition and provision of services at the VCBR. One of the most important aspects of successful treatment is the stability of the work force. In an era of tight labor markets, GEO strives to retain valuable employees and make them more productive.



GEO's employee retention strategy begins with hiring employees that meet both GEO and client standards. Selective hiring, employee empowerment, proper supervision and ongoing communication give the employee a sense of pride that encourages retention. In addition, training emphasizes the need for staff to take a sense of ownership in their day-to-day operations, which also aids in employee retention.

Treatment staff are typically subject to high stress levels in the performance of their duties. To enable employees to perform their responsibilities at high levels of proficiency and professionalism and to encourage staff stability, GEO offers:

- Competitive wages
- Strong benefits
- Management support
- Meaningful communication
- Employee empowerment
- Proper training
- Career growth opportunities
- "Open Door" policy which encourages employees to verbalize concerns and/or frustrations to management in an atmosphere that promotes understanding
- Employee assistance programs
- Employer sponsored social events
- Tuition Reimbursement

Please see the following page(s) for an overview of GEO's Employee Benefits:

GEO respectfully requests that information contained within the benefits section on pages 6 and 7 of this section be exempt from the Commonwealth's Freedom of Information Act (FOIA) due to the adverse effect such public disclosure may have on the financial interest or bargaining position of the Department or GEO prior to the execution of an interim or comprehensive agreement.



GEO offers a variety of career challenges and opportunities for men and women of integrity, determination and professionalism who are achievement oriented and possess sound human relations skills. GEO prefers to promote from within whenever possible, since January 2009, GEO has promoted over 300 employees at its facilities, regional and corporate offices in the Southeastern United States.

Training

GEO believes that a professional staff is essential to the successful, safe and efficient operation of a facility. Staff training is of paramount importance because of the positive impact it has on improving staff performance, increasing retention, and boosting morale; all of which enhances operations and reduces the potential for error. GEO's staff training program is structured to ensure that each employee successfully completes training that meets or exceeds Commission on the Accreditation of Rehabilitation Facilities (CARF), GEO, and Virginia Department of Behavioral Health and Developmental Services standards. To assist and complement GEO's training programs, affiliations with colleges and universities will be a priority. It is GEO policy to provide training to all employees to empower them with the knowledge, skills and ability necessary to perform their assigned job duties. GEO's operational philosophy is incorporated throughout the training process to ensure compliance with all legal, contractual, professional and ethical standards. GEO recognizes that employees perform more efficiently and effectively when they are properly trained. Training creates a positive work environment and enables employees to realize a greater job performance satisfaction. GEO provides a wide array of training and educational programs for staff. The training is designed for different levels of staff, from security personnel to nurses and medical staff, as well as those who do not provide direct care or supervision. This training is provided in orientation as well as in annual mandatory training updates for all staff.

b. Local Support/Opposition

Identify any anticipated public support or opposition, as well as any anticipated government support or opposition, for the project;

GEO understands that some members of the surrounding Burkeville community, such as facility employees, may be concerned with the transition to a new employer. If awarded the contract, GEO representatives would be available to meet with local community leaders and civic groups. GEO representatives will meet informally with concerned community leaders to provide information and answer questions regarding GEO. These meetings will be designated to allay any fears associated with the potential transition to a new employer and will serve as a friendly introduction to GEO and its "community partner" philosophy.

c. Public Relations Strategy

Explain the strategy and plan that will be carried out to involve and inform the general public, business community, local governments, and governmental agencies in areas affected by the project;

Positive relations between the facility and the surrounding community are essential. Administrators and management staff will be charged with the responsibility of fostering and maintaining good relations within the community including religious, business and governmental leaders, and social agency personnel. We recognize the importance to the community, current employees, and facility residents that all necessary actions are taken to ensure that services continue with a minimum of transitional issues. Subsequent to a successfully negotiated agreement with the Department, GEO management staff will be on hand to provide immediate on-site direction, to facilitate the smooth entry of our transition teams and to facilitate final transfer of services to GEO. GEO corporate staff will be available on-site as needed to provide additional resources and technical assistance during the critical transition process. We believe strongly in the team concept. GEO will assemble a transition team to include specialists in contracting, finance, project management, clinical services, human resources and program support. This team shall have the knowledge and experience needed to recruit, select, train and deploy staff in their roles as facility employees. This team approach creates the energy needed to coordinate the transition within the timeframe required. GEO will provide all personnel and services necessary for a smooth transition from public operation. GEO's approach during the transition will also include coordination with local, state and federal governments, as applicable to ensure all aspects of the transition are identified, documented, communicated, and implemented.



d. Compatibility with Local Economic Development

Describe the compatibility of the project with local, regional, and state economic development efforts.

GEO's success with transitioning facilities has been demonstrated at several of our facilities. Following are some examples:

GEO operates the Florida Civil Commitment Center (FCCC) which is a 720 bed sexually violent predator civil commitment facility located in Arcadia, Florida. We were awarded this contract by the Florida Department of Children and Families on May 4, 2006 with a January 2007 expected commencement date. On June 6, 2006 the Department of Children and Families requested an early contract start date of June 14, 2006 allowing for an initial implementation period and for clinical assessments of all residents. With 24 days notice, GEO mobilized its HR and facility management teams and effectuated a smooth transition including the hiring of all the necessary staff (initially 200 employees), completion of background checks, drug testing, and commencement of full service delivery by July 1, 2006.

GEO operates the Treasure Coast Forensic Treatment Facility (TCFTF) which is a 223 bed maximum security forensic treatment facility in Indiantown, Florida. Within 40 days of signing a contract to operate this facility, GEO renovated and retrofitted the facility, and recruited and trained 240 healthcare staff. In order to achieve this impressive feat a GEO team of 50+ human resources and healthcare professionals organized over 200 hours of job fairs throughout South Florida. Simultaneously, staff training programs were in place for the month before the first residents arrived.

GEO assumed operations of the Lawrenceville Correctional Center in Lawrenceville, Virginia during a seamless transition on March 23, 2003. Three-hundred and four (304) staff were transitioned to GEO in less than fifty six hours.

Our experience provides a model of working with the community in a challenging transition. Our philosophy is to become a vital part of the community as a new business enterprise and provide professional training and job development at the facility. Under GEO operation the facility will purchase goods and services locally to support the needs of Nottoway County and surrounding communities.

e. Compatibility with Local Plan and Budgets

Describe the compatibility with the local comprehensive plan, local infrastructure development plans, and any capital improvements budget or other local spending plan.

GEO will work closely with local officials in Burkeville and Nottoway County to ensure that the facility expansion and operation align with the local comprehensive plan. GEO anticipates minimal impact on local plans and budgets.

f. Compatibility with Local Plan and Budgets

Provide a statement setting forth participation efforts to be undertaken in connection with this project with regard to the following types of businesses: (i) minority-owned businesses; (ii) woman-owned businesses; and (iii) small businesses.

GEO, by corporate policy, encourages the participation of small, minority, and women owned businesses, in its sourcing of vendors to supply goods and services for its corporate, as well as individual project requirements.

Subcontractors and team members for our projects are required to supply a business plan for their development of Minority and Women Owned business enterprises supplying the contract. The information is provided to us in writing and monitored to ensure appropriate usage of these businesses.

To encourage the participation of small, minority, and women owned businesses, GEO sponsors vendor fairs targeting the local minority and women-owned business community. These fairs have served as a means for GEO to introduce ourselves to the local business community and, at the same time, enable us to begin the evaluation process in qualifying the targeted potential vendors. GEO places advertisements soliciting participation in newspapers, television access channels, and minority newsletters, to name a few examples of outlets for recruitment.



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